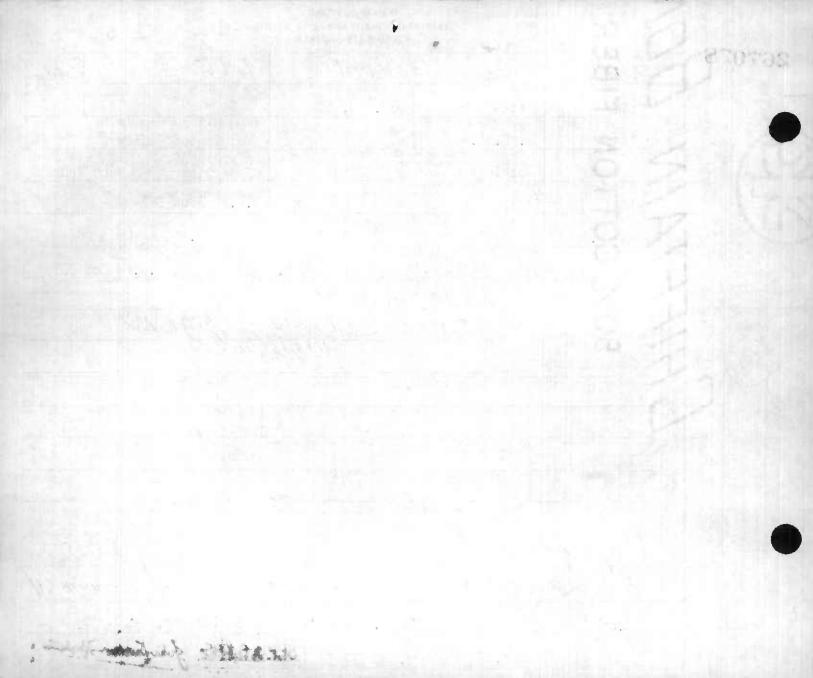
STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE Francis Glenn Adelsberge RTIFICATE OF DEATH REG. NO Henn 12, 1928 Dec. White 56 Male To BIRTHPLACE ISTATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland U. S. A. Washington County O CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 17b. KIND OF BUSINESS OR Hagerstown Washington County Hospital Supervisor Mack Truck 13d INSIDE CITY LIMITS? R.D.#5 Box 367 Hagerstown Washington Maryland 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Wood Adele Joseph D. Adelsberger Hagers town, MD 21740 17 INFORMANT Carolene V. Adelsberger, R.D.#5 Box 367 218-24-1270 Yes Korean 18 CAUSE OF DEATH (Enter only one cause pe PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE 10 Conditions, if any, which gave rise to immediate cause ta, stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? 710 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY CENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 211-LOCATION 21e PLACE OF INJURY CITY OR TOWN (AT HOME STREET, FACTORY, OFFICE FARM, ETC.) NOT WHILE 7711 Certify that (I) (this hospital) allended the deceased from and that in (my) (aur) opinion death accurred on the date and haur and Iram the causes stated DEGREE ATTENDING DIRECTOR PHYSICIAN MPORT 230 BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY New St. Joseph's 12 Sept 85 Buria1 24 FUNERAL DIRECTOR DHMH - 16 60M 7/84 Skiles Funeral Home, Emmitsburg, MD 21727 (VRA 15, 4)



- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE & CEDTIFICATE OF DEATH

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6	. 8	3	8

12b. KIND OF BUSINESS OR

, that (I) (we) lost

Grocery

	REGISTRAR				CERTIF	ICATE OF DEATH	REG. NO).		
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(TYPE	OR PRINT)	mark I	rine	Bally	MINE	PTON	August	29	1985	9190
3. SE	X	11116	4 RACE		5. DATE C	OF BIRTH	6. AGE (IN TEAS LAST BIRT	HDAY) I	UNDER I YEAR	IF UNDER 24 H
100					MONTH			W	UNINS DAYS	HOURS MI
1	Female White				July	31 1910	75 YRS			
	COUNTRY	REIGN	76 CITIZEN OF	WHAT COUNTRY?	MARRIE	D NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH			
We	st Virginia	31	USA		WIDOWE		Washin	gton		
10 C	ITY OR TOWN OF DEATH	Н		HOSPITAL, NURSING		OR OTHER INSTITUTION	12a USUAL OCCUPATION			F BUSINESS
Н	agerstown			gton Count		spital	Owner-Opera			Grocer
JSU.	AL RESIDENCE (IF NURSING		OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)				(16)	466
	st Virginia	36 COUN		Martins		136 INSIDE CITY LIMITS?	13e STREET ADDRESS /		201.0	11/
	ATHER'S NAME	ье	rkeley	Marcins	burg	15. MOTHER'S MAIDEN NA	Rt. 4, Box	44ZD	2540	
1	FIRST		MIDDLE	LAST		FIRST	WIDDLE		LAS1	
	Nathan	Gof		Cook		Belva			Stokes	
	VAS DECEASED EVER IN		MED FORCES?	166 SOCIAL SECUR		17 INFORMANT	242 S. Que Martinsbu	een St	reet	
	No			234-01-7	164	Diana Risavi	Martinsbu	rg, WV	25401	1515
3	18 CAUSE OF DEATH			line for 101, (b), and	icii	^			BETWEEN	MATE INTERVAL ONSET AND DEAT
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AL	OR CONTRIBUTING CAL		110		19					ď
MEDICAL	214 INJURY OCCURRED		21e PLACE	OF INJURY		211 LOCATION				
ž.	NOT WHILE		(AT HOME STR	EET, FACTORY, OFFICE, FA	RM, ETC)	STREET	CITY OR TO	WN .	· COUNTY	STATE
	Al WORK		0.1.				- 8	25	81	
	22a I certify that (1) (the saw the deceased		RI	e deceosed from	5	10 10 0			9	that (I) (we) I
	above, (I) (we) (did			after deoth.		nd that in (my) (our) opinion (deoth occurred on the do	te and hour		
	Th SIGNATURE		A 1	Λ.		DEGREE	MEDICAL STATE		22c. DATE	SIGNED
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-	728 PHYSICIAN'S NAM	E (TYPE O	R PRINT)			22e ADDRESS		,)		
	Frederi	- 1	+ 16	111 22-		1831 101	well road	Ita	gers tou	w m
		V		-						

DHMH - 16 60M 7/84 (VRA 15, 4)

23b. DATE 8/31/85 327 W. King St POBox 821, Martinsburg, WV

Home

230 BURIAL, CREMATION, REMOVAL

Brown Funeral

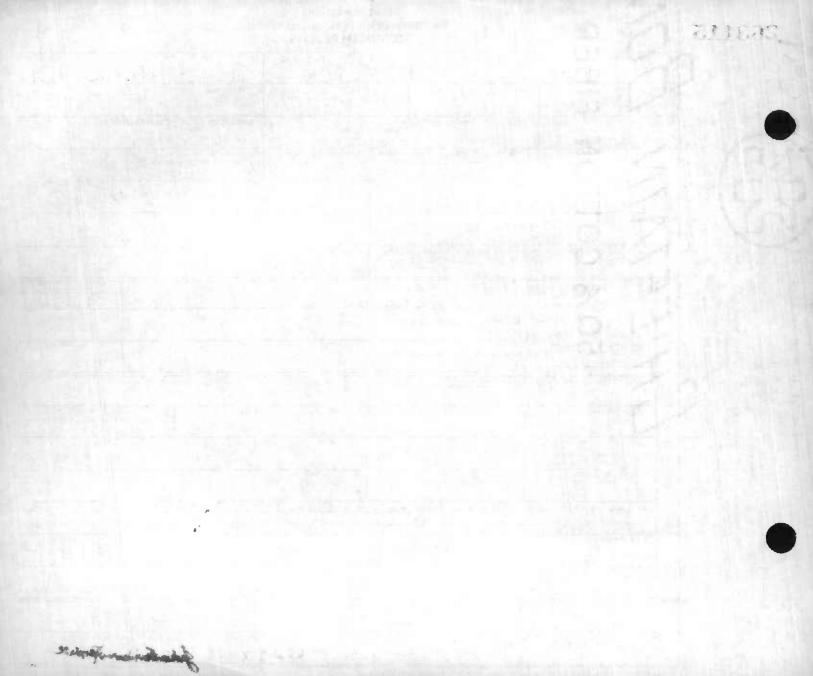
(SPECIFY)

CITY OR TOWN Rosedale Cemetery Martinsburg

23d LOCATION

23¢ NAME OF CEMETERY OR CREMATORY

Berkeley



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENES 1 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 2a DATE OF DEATH MONTH 1. DECEASED NAME 2b. HOUR (TYPE OR PRINT) Walter Wingerd AUSHERMAN September 8, 1985 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS 3. SEX March 21. 1909 ma.le white To. BIRTHPLACE (STATE OR FOREIGN 9. BALTIMORE CITY OR COUNTY OF DEATH 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED MaryTand U.S.A Washington DIVORCED IX WIDOWED 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 8. CITY OR TOWN OF DEATH 120. USUAL OCCUPATION 12h KIND OF BUSINESS OR (IF NOT IN SUCHFACILITY, GIVE STREET ADDRESS)
Washington County Hospital (TYPE OF WORK FOR MOST OF WORKING LIFE) Pangborn Hagerstown Operator ISUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 130 STATE 13e STPFET ADDRESS / ZIP CODE 136. COUNTY Wash. 13c CITY OR TOWN 1134 INSIDE CITY LIMITS? Smithsburg 9 N. Main St. Box 441 IL FATHER'S NAME IS MOTHER'S MAIDEN NAME ANDDIE Stull George Ausherman Ida I MAS DECEASED EVER IN U.S. ARMED FORCES? 1166 SOCIAL SECURITY NO. 17 INFORMANT YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 214-09-8262 Mrs. Carleda B. Holtzman Hagerstown . Md APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c)
PART I. DEATH WAS CAUSED BY: amile IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF anche Conditions, if ony, which gove rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART CERTIFICATION (undervages loc 1 190 DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF YES [NO [71a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 211 LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE NOT WHILE

22a.1 certify that (1) (this hospital) attended the deceased from_ . 19_ saw the deceased alive on obove, (1) (me) (did not) view the body after death. ______. and that in (my) (our) opinion death occurred on the date and hour and from the couses stated 22b. SIGNATURE 22c. DATE SIGNED ATTENDING MEDICAL should be dete with the State IMPORTANT: I PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME LITTE OF PRINT 22e. ADDRESS 23d LOCATION 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL Rest Haven Cemetery Hagerstown Was

250. DATE REC'D. BY REGISTNA

DHMH - 16 50M 4/83 (VRA 15, 4)

24 FUNFRAL DIRECTOR

The fee [20] and an

Edition 1 the rate of the state of the state

A CHARGE TO SEE . THE CASE OF THE LE

STATE OF MARYLAND

231. NAME OF CEMETERY OR CREMATORY

Rose Hill Cemetery

DHMH - 16 60M 7/84 (VRA 15, 4)

FOR

- STATE

254052

415 E. Wilson Blvd., Hagerstown, Md. 21740

24 FUNERAL DIRECTOR MINNICH FUNERAL HOME

Sept.7,1985

230. BURIAL, CREMATION, REMOVAL

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lio, Kniedma Bondage

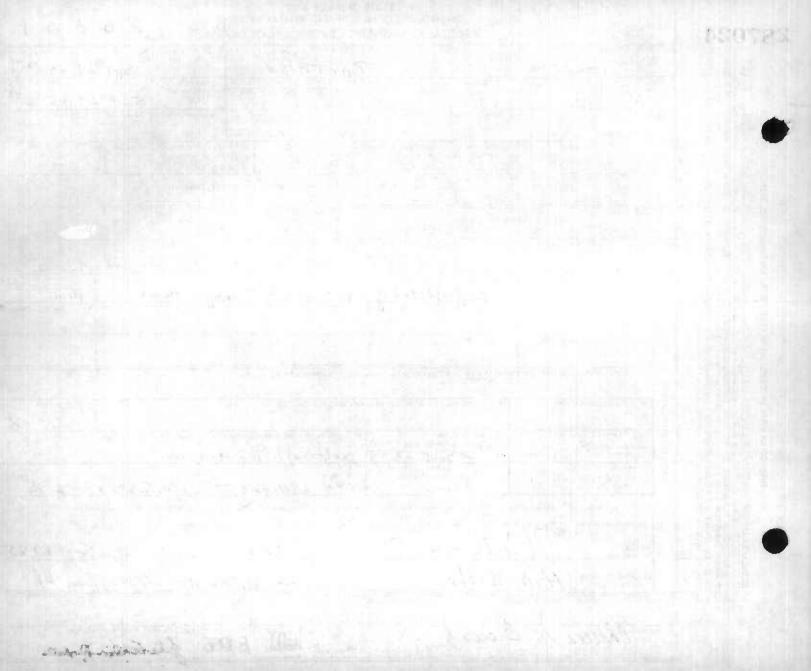
DEPARTMENT OF HEALTH AND MENTAL HYGIENES REG. NO 2b HOUR 85 IF UNDER 1 YEAR 9. BALTIMORE CITY OR COUNTY OF DEATH 12b. KIND OF BUSINESS OR LTYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY aircraft 205 Englewood Road 21740 Hagerstown, Md. 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [

TA: DATE SIGNED

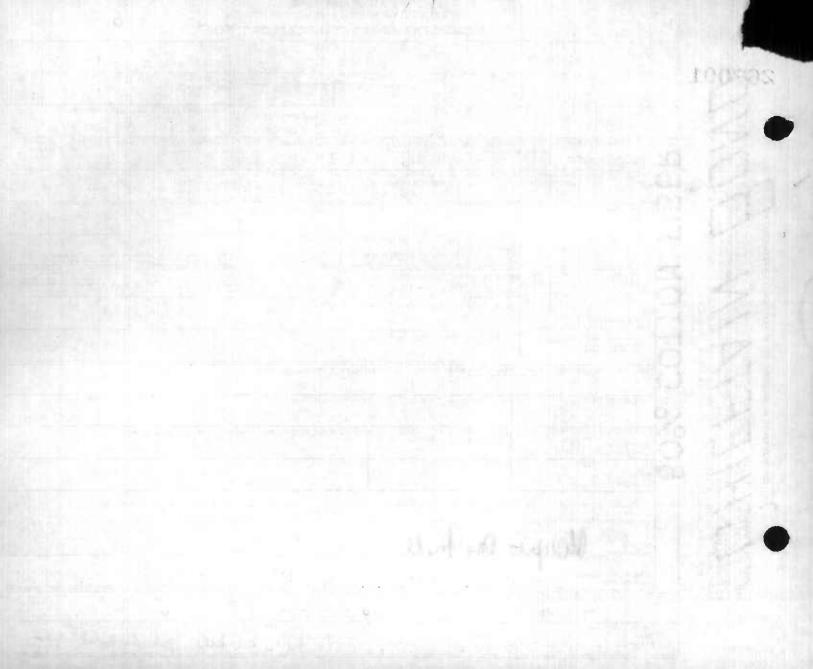
Hagerstown, Wash., Maryland

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

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	11-	FOR STATE				AND MENTAL	HYGIENS 5	2	6 7	4 1
024		REGISTRAR	ME		AINER'S	CERTIFICATE (OF DEATH	REG. NO.	9 /	
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PATO PAGE	23e. B	URIAL, CREMATION, REMOVAL	23b. DATE	23r NAME OF	CEMETERY	R CREMATORY	123d LOCATION	7.7.7	7,000	
20	, (:	SPECIFY)					CITY OR TOWN	huna D-	COUNTY	STATE
		UNERAL PROJOR	1 Mach	7						WV
(VR A15 ME (5))	E	Brown Funeral H	ome PO F			ung W	8.1985	Lilia Ten	idea Da	A. moi
	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH BY EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM TO FUNKEAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL. TRANSIT PERMIT PAGES 1 AND AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF WITH BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS N. PEASE PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALCONG WITH FORM PM. 3. RETAIN PAGE 5. TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE FILED. WITHIN 72 HOURS AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OK WALRED. ATTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OK WALRED. ATTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OK WALRED. ATTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OK WALRED. ATTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OK WALRED. ATTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OK WALRED. ATTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OK WALRED. ATTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OK WALRED. ATTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OK WALRED. ATTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OK WALRED. ATTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OK WALRED. ATTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE. ATTER DEATH OF THE WALRED. ATTER DEATH OF	TO ENGINE EXAMINES: THIS CRRITECATE MONDAY ENDINGS AT THE CRRITECATE SHOULD BE EXECUTED WITHIN 24 HOURS ATTENDED TO SHOULD BE COVER WHITE SHOULD SHOULD BE COVER WHITE SHOULD SHOULD BE COVER WHITE SHOULD S	DESCOTE MARE THE CANAME FIRST GOOD BE RECIGISTRAR TO DECEASED NAME FIRST GOOD BE ALLE WEBDICH FOR STATE OF MANY IN A COLOR COUNTRY) Maryland To City or Town of Death The Name of House of Death The Name of The Name of Death The Name of	DEPARTMENT MEDICAL EXAM T. DECEASED NAME (THY OR PRINT) T. DOLL OUT TOWN TO CHIRLIPS OF THE TOWN T. DECEASED NAME (THY OR PRINT) T. DECEASED NAME (THY OR PRINT)	DEPARTMENT OF HEALTH REGISTRAR REGISTRAR DECEASED NAME (1797 OR PSH) DECASED NAME (STATE REGISTRAR DECEASED NAME PROJ. George Ernest LAST Barthlo Conditions DATE OF BIRTH LAST BARTHLO CONDITION CO	DEPARTMENT OF HEALTH AND MENTAL HYGIENA MEDICAL EXAMINER'S CERTIFICATE OF DEATH MEDICAL EXAMINER'S CERTIFICATE OF DEATH DEPARTMENT OF HEALTH AND MENTAL HYGIENA MEDICAL EXAMINER'S CERTIFICATE OF DEATH DEPARTMENT OF HEALTH AND MENTAL HYGIENA DEPARTMENT OF HEALTH ON HEALT	DEPARTMENT OF HEALTH AND MENTAL HYGIEN REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG	DEPARTMENT OF HEALTH AND MENTAL HYDGEN AND MENTA



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07/84	PAGE TO FUE	23a.B	(TYPE OR PRINT JRIAL, CREMATIC PECHY) Cremati	N, REMOVAL 2	garita A. 36 DATE 7/20/85	23c. N	NAME OF CEAL ithsbu	METERY OF	CREMATO	RY	[23d 1O	CATION OR TOWN			COUN	1TY		ATE
25M	DHMH - 17 (VR A15 ME (5))	24 F	NERAL DIRECTO		ADDRESS			1	2	Sa. DATE R	EC'D. BY		AR 256 R	EGISTRA	AR'S S	IGNATI		



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		Female	White	Aug. 12, 1893	92	MONTHS DAYS	HOURS M
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1		John	B. Rakes	straw Elizabet		Haîr	nes
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				-0056 Edward R.	Cusnen Ha		
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STATE OF MARYLAND

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STATE OF MARYLAND	43
DEPARTMENT OF HEALTH AND MENTAL	HYGIEND
CERTIFICATE OF DEATH	

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	G NO		= 74	216	

		REGISTRAR		CLKIIII	CAIL OI DE	MIII	REG. NO.					
		CEASED NAME FIRST	Legn	U	151		20 DATE OF DEATH MO	INTH DAY YEAR	25 HOUR			
	TIMPE	ARTHUR	7.	Bu	rcer		September	10, 1985	AA.			
	3. SE		4. RACE	5 DATE O	0		AGE (IN YEARS LAST BIRTHD)	AY) IF UNDER I YE	AR IF UNDER 24 HRS			
1	n	male	white	Apr	il 30,	1917	68	YRS. DAY	YS HOURS MIN.			
5	7a. Bl	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT	COUNTRY? 8	NEVER MA	ADDIED T	BALTIMORE CITY OR	OUNTY OF DEATH				
1		Maryland	USA	WIDOWE		DRCED [Washingt	on	MD.			
6	10. C	ITY OR TOWN OF DEATH		AL, NURSING HOME O	R OTHER INSTIT	MOITUT	120. USUAL OCCUPATION		O OF BUSINESS OR			
1		Hagerstown		n County Ho	spital		refinisher	furn	. mart			
E.	USU.	AL RESIDENCE (IF NURSING HOME OF		TY OR TOWN	13d INSIDECIT	Y LIMITS?	13e STREET ADDRESS / ZI	IP CODE				
	N	Maryland Wasi		gerstown		10 🗆	433 Vermon		21740			
1	14. F/	ATHER'S NAME	MIDDLE	LAST	15. MOTHER'S	MAIDEN NAM		7-1-1-1-1-1	LAST			
E	- 9	Charles	_	rger	Ros		MIDDLE		tter			
		WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SC	OCIAL SECURITY NO.	17 INFORMAN	T	ADDRESS					
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		spw the deceased alive on above (if twe thid) did no	1) view the body after de	19, ah eath.	d that if (my) (c	our) apinion de	eath occurred on the date	and have and from t	he causes stated			
		771 SIGNATURE	1	. ^ '	DEGREE	TELIDALO	MEDIE.	22c. DA	TE SIGNED			
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			Sept.12,1		laven Ce			m, Wash.,				
		1.47WMAC	NNICH FUNER	ADDK£22		250 DATE	REC'D BY REGISTRAR 256	R GISTRADIS SIGN	ATURE			
		415 E. Wilson B	lvd., Hager	stown, Md.	21740		20 1000		- Manager			

DHMH - 16 60M 7/B4 (VRA 15, 4)



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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEND

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- STATE REGISTRAR			ou and	CERTIF	ICATE OF DEATH	REG. N	10.			
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(TITE OR PRINT)	Conra	d R	ay	Bu	rger		9	12	85	1:15P
3. SEX		4. RACE		S. DATE O		6. AGE (IN YEARS LAST BI	RTHDAY)	IF UNDER	DAYS	IF UNDER 24 HRS
male		whit	e	Oct	ober 10, 1895	89	YRS.	MONTHS	DATS	HOOKS MIN
OUNTRY	E OR FOREIGN	7b. CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9. BALTIMORE CITY		Y OF DEA	ATH	
Maryland		US	SA	WIDOW		Washing	ton	Co.		м
0. CITY OF TOWN OF	DEATH			G HOME C	OR OTHER INSTITUTION	128. USUAL OCCUPAT				F BUSINESS O
Boonsb	oro	Fah	rney Ke	eay	Home	bookkeep		IFE) INDU	JSIKI	
USUAL RESIDENCE (#	NURSING HOME OR		GIVE RESIDENCE BEFORE		113d. INSIDE CITY LIMITS?	13e.STREET ADDRESS	/ ZIP COD)F		
Maryland		ington	Hagersto		YES X NO	118 W. M		_	ve.	2174
4 FATHER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIDEN NA					
Edward	~	MIDDLE.	Burger		Blanche	MIDDLE			I AST	Beard
60 WAS DECEASED E		MED FORCES?	166 SOCIAL SECU	RITY NO.	17. INFORMANT	ADDR	ESS			
Yes	W.W.		214-09-14	432	Paul E. Bu	rger, Hager	stown	, Md		
gave rise to cause (a), s underlying co	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last. Due to, or as a consequence of the conditions of the conditi								ART lic	5
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saw the deceased alive an										
226. SIGNATURE	0.	LAG	eaf c	u	DEGREE ATTENDING PHYSICIAN 22e ADDRESS	MEDICAL STA	FF CIAN [224	7/1.	SIGNED
ABDU	- W	HERN	ung		1610 - OAK	- Hill Ave	. HA	9.	mo	2174
230. BURIAL, CREMATK burial	ON, REMOVAL	Sept.	17,1985		EMETERY OR CREMATORY Hill Cemeter	y Hagersto	wn, W	ash.	, Ma	aryland

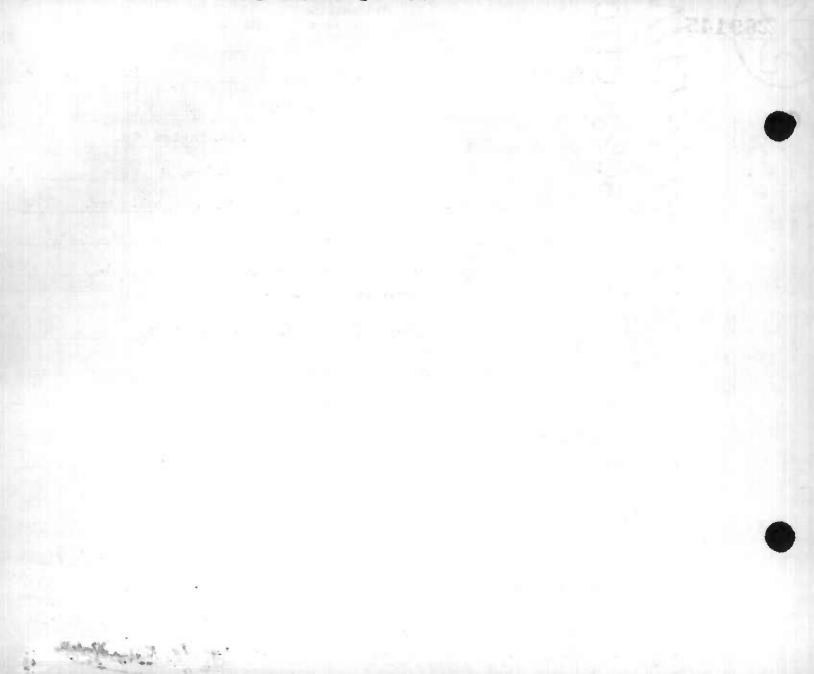
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,

DHMH - 16 50M 4/83 (VRA 15, 4)

24. FUNERAL DIRECTOR MINNICH FUNERAL HOME Wilson Blvd., Hagerstown, Md. 21740

Rose Hill Cemetery | Hagerstown, Wash., Maryland

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SKINATURE



FOR

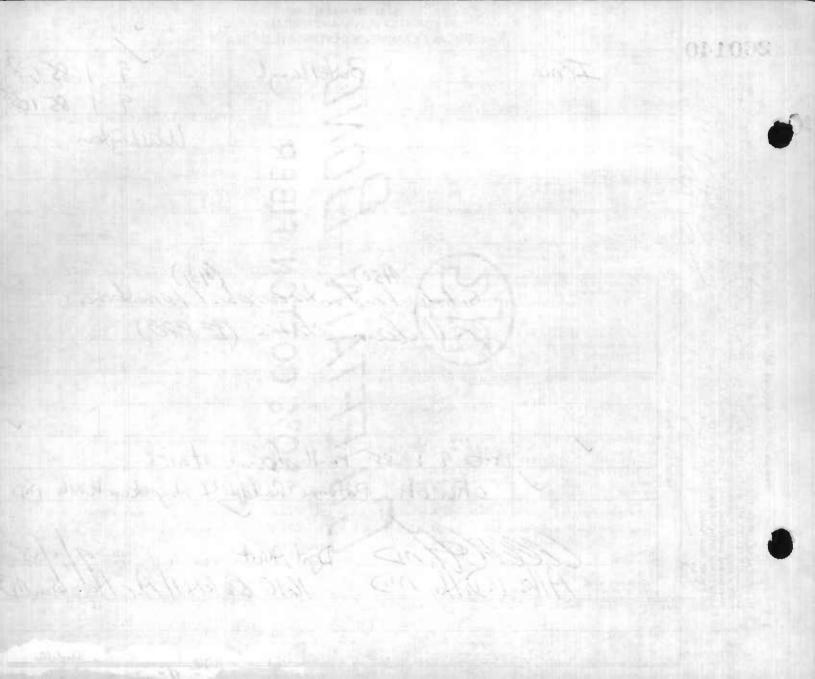
- STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 274008 20. DATE OF DEATH DECEASED NAME 2b HOUR (TYPE OR PRINT) AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR DAYS HOURS BALTIMORE CITY OR COUNTY OF DEATH Washington County 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR LITYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Unknown 13e STREET ADDRESS / ZIP CODE Pheasant LAST ADDRESS Washington APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO I 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) CITY OR TOWN STATE and that in (my) (and apinian death accurred an the date and have and from the causes stated 22c DATE SIGNED STAFF DIRECTOR PHYSICIAN COUNTY Emithsburg Crematory Cremation 24 FUNERAL DIRECTOR 305 N. Potomac St. DHMH - 16 60M 7/84 N. Minnich Hagerstown. Maryland (VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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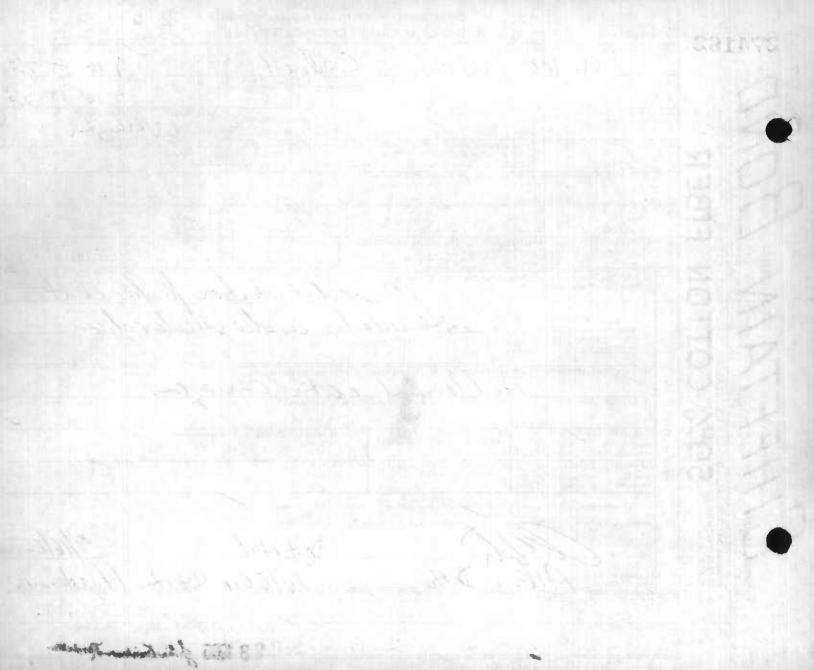
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR REG. NO 260140 DECEASED NAME O DATE KNOWN (TYPE OR PRINT) ESTI-Mae DEATH MATED SEX 4 RACE DATE OF BIRTH 2c DATE PRONOUNCED white female DEAD Feb. 3,1901 84 TO BIRTHPLACE (STATE OR Th CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED FOREIGN COUNTRYS DIVORCED USA WIDOWED Maryland ID. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORLD 176 KIND OF BUSINESS FOR MOST OF WORKING LIFE OR INDUSTRY Hagerstown Washington County Hospital housewife 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Washington YES NO 50 2347 Marsh Pike 21740 Maryland Hagerstown 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Neikirk Charles Nigh Arena 7. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO ADDRESS (YES, NO. OR UNKNOWN) LIE YES GIVE WAR OR DATES! Paul Buterbaugh Hagerstown, Maryland CAUSE OF DEATH (Enter only one couse per line for (o), (b) I DEATH WAS CAUSED BY: Conditions, if ony, which gave rise to immediate cause (a) stating the under-OR AS A CONSEQUENCE OF lying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 190 DATE OF OPERATION USED / 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? DEPARTMENT OF PRIOR TO BUR YES [] 21a EXTERNAL CAUSE WAS 71b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INBURY IN ITEM 18 PART I OR PART 2 HOUR A.M. MONTH DAY CONTRIBUTING CAUSE OF DEATH 214 INJURY OCCURRED 21e PLACE OF INJURY NOT WHILE AT WORK AT WORK 220 I certify that I took charge of the remains described above, held an death resulted fram: Undetermined manner ACTUAL DATE SIGNATURE EXAMINER'S NAME (TYPE OR PRINT) 230 BURIAL CREMATION REMOVAL 236 DATE 23c NAME OF CEMETERY OR CREMATORY burial Sept. 4, 1985 Rest Haven Cemetery Hagerstown, Wash., Maryland 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 1256 REGISTRAR'S SIGNATURE MINNICH FUNERAL HOME **DHMH - 17** 415 E. Wilson Blvd., Hagerstown, Md. 21740 (VR A15 ME (5)) Auria Davidson-Mandalle

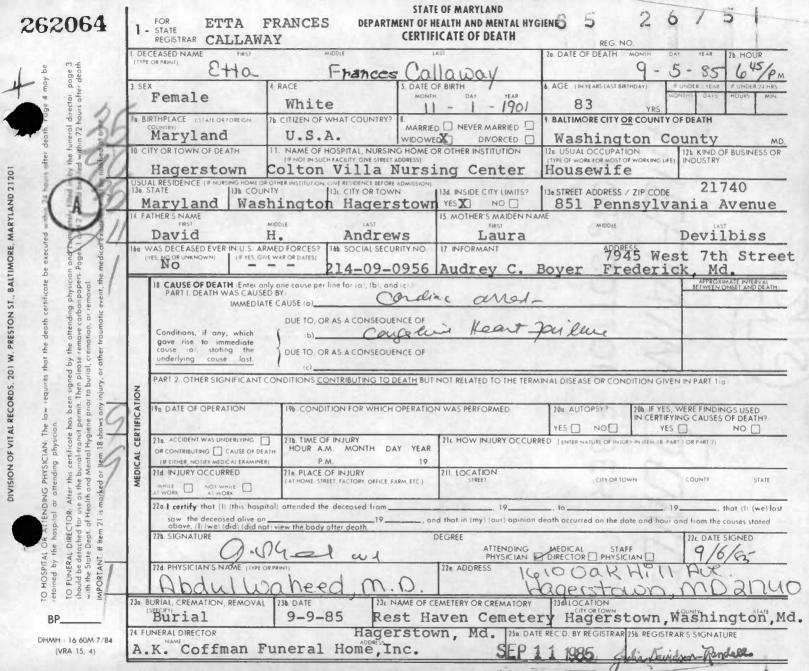


STATE OF MARYLAND 1 - STATE REGISTRAR 274162 I. DECEASED NAME KNOWN a. DATE (TYPE OR PRINT) ESTI-E FUNERAL DIRECTOR. E 5 FOR YOUR FILES. D, WITHIN 72 HOLIPS. DEATH MATED 6. AGE (IN YEARS 3. SEX DATE LAST BIRTHDAY) PRONOUNCED July 19,1910 DEAD Male White TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY! USA WV WIDOWED & DIVORCED TO THE FU N PAGE 5 BE FILED, ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS Aircraft Machinist Washington County Hospital Hagerstown RETAIN PA JOULD BE I USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 136 COUNTY 13. SIREET ADDRESS 1125 Hamilton Blvd 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? Washington Hagerstown Md. 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Beard FIRST Belle Hattie Caldwell Nelson Henry 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Nelson Caldwell, Berkeley Springs, [YES, NO, OR UNKNOWN] 219-01-9312 Yes WW II CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o). Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. ORWARDED TO THE CHIEF WAS A BURIAL.

DR. PAGE 3 SHOULD BE USED AS A BURIAL.

HE STATE DEPARTMENT OF HEALTH AND MI PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATHOUT HOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 '0 CERTIFICATION 19a DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR UNDERLYING CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e PLACE OF INJURY CATHOME 211 LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OF TOWN COUNTY WHILE AT WORK TO MEDICAL EXAMINER: THIS EXECUTE THE CRETIFICATE, WR PAGE A SHOULD BE FORWAR TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE BACKMORE, MARYLAND, 2120 220. I certify that I took charge at the remains described above, held an Autopsy and in my opinion death resulted from Accident Suicide Homicide Undetermined monner SIGNATURE EXAMINER'S NAME TYPE OR PRINT 230 BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATOR Smithsburg, Washington, Md. Smithsburg Crematory 9/18/85 Cremation 07/84 25M 24 FUNERAL DIRECTOR **DHMH - 17** Helsley-Johnson F. Home Berkeley Springs, WV (VR A15 ME (5))





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				Hagerston		namilion	

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-	STATE	

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES

9		REGISTRAR				CERTIFICATE OF DEATH REG. NO.						
		CEASED NAME	FIRST	٨	AIDDLE	L	AST		20 DATE OF DEATH	HTMOM	DAY YEAR	26 HOUR
	(1111		ELEN	Mari	e CH	RIS	STIF	MA	SEPTEMP	ER	12 1985	1205 AM
	3 SE			RACE		5 DATE O	F BIRTH		6 AGE (IN YEARS LAST BIRT	HDAY}	IF UNDER I YEAR	IF UNDER 24 HRS
	V	Female		Bla	ick	Jan		1903	82	YRS	MONTHS DATS	HOURS MIN.
6		RTHPLACE (STATE OR	FOREIGN 7		WHAT COUNTRY?	8. MADDIET	NEVER	MARRIED -	9 BALTIMORE CITY O	R COUNTY	OF DEATH	
9	CI.	Md.		U.S.	A.	WIDOWE	-	NORCED	WASHT	TOL	on co	unty MD.
1)	H	TY OR TOWN OF DE	WN	AVAL		ADDRESSI ANO!		NOITUTION	12a USUAL OCCUPATION OF WORK FOR MOST OF DOMEST	WORKING LIF		DF BUSINESS OR
6		AL RESIDENCE HE NUR STATE Md.			GIVE RESIDENCE BEFORE 13c CITY OR TOWN Hagerst		13d INSIDE	CITY LIMITS?	13 STREET ADDRESS / E.Wash	ZIP COPE	on St.	21740
11		4 FATHER'S NAME				15 MOTHER'S MAIDEN NA						.=11===
11		Albert	NM	N" He	enderson		Ma	Iverna	NMN		Coc	k
/	160 V	VAS DECEASED EVER (ES NO OR UNKNOWN)		NED FORCES? WAR OR DATES)	214-09-		Delo		enkins 401			
		PART I. DEATH V		BY-	fine for (a), (b), and	TZes	10. 4	arrest			BETWEEN	MATE INTERVAL ONSET AND DEATH
		Conditions, if any		DUE TO, OF	R AS A CONSEQUE	NCEOF	E,	dr.	CHIE CH	F	few	doc
		cause (a), stati underlying- cause	ng the	DUE TO, OF	R AS A CONSEQUE	NCE OF	ASCUI	1			yes	
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GI									OITION GIV	EN IN PART 1	a
2	CERTIFICATION	190 DATE OF OPERA	JON /	196 CONDI	TION FOR WHICH	OPERATION	N WAS PERF	ORMED	200 AUTOPSY?	IN CERTIF	S, WERE FINDIF YING CAUSES S	
OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR												
	AEDIC	21d INJURY OCCUR	RED	21e PLACE C	OF INJURY EET, FACTORY, OFFICE FA	ARM, ETC)	211 LOCAT	ION	CITY OR TO	WN	COUNTY	STATE

¥ 22a I certify that (I) (this haspital) attended the deceased from

saw the deceased plive an obove, (1) (we) (did (did not) view the body after death. 22b. SIGNATURE

NOT WHILE

22e ADDRESS

ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN

and that in (my) (our) opinion death accurred on the date and hour and Irom the causes stated

22c DATE SIGNED

23a, BURIAL, CREMINION, REMOVAL

Burial 24 FUNERAL DIRECTOR

NAME

231 NAME OF CEMETERY OR CREMATORY Rose Hill Cem.

DEGREE

Hagerstown Wash.

DHMH - 16 60M 7/B4 (VRA 15, 4)

MPORTANT: If Hem 21 is morked or Hem 18 shows any

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1	MARYLAND STATE DEPARTMENT OF HEALTH	-y
OPPORTE	8 5 2 6 /	5 3
SHOR AIDIE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
HEALTH DEPT.	1. DECEASED-NAME First Middle Lost 20. DATE KNOWN Month Do	oy Yeor 2b. HOUR
1 3 3 5 5 1 7 1 1 1 2	(Type of Film) Harris C. T.	2 - 5-415
to to of	HOWARD Silsworth Coper DEATH MATED Syl	23 1935 A M
d 3 Pc	3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years lost birthday) MONTHS DAYS HOURS MIN Month Doy	2d. HOUR
ny deloy is 2, ond 3 to PM3. Poge	M W 11/15/02 82 YRS. SEPT 23 -	Yeor 8/15 M
	7d. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY ORDEATH	
55-9/	Maryland USA WIDOWED DIVORCED Washington Count	.v. Md.
ofter death 18. Give Poges olong with fau	TIGHT TOTAL	b. KIND OF BUSINESS OR
BALTIMORE, Md. 21 24 hours ofter death in Item 18. Give Page 's Office along with the start sscreen death.	give street address) during most of working life even if retired \ IN	DUSTRY
Md er de Sive ng w		Railroad
o o o		1158
5 N - W - O-0	odmission) STATE 13b COUNTY Knoxville YES NO W 1302 B Rosemo	ont Drive
BALTIMORE, 24 hours oft in Item 18. G r's Office olor ss (Tond 2 With	14. FATHER'S NAME First Middle Lost 1S. MOTHER'S MAIDEN NAME First Middle	Lost
A	Herbert Ewan Cooper Lillie May	Orrison
ter, BALTIM tin 24 hour cil in Item iner's Office pages (and	16b. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 3.0.20	S. Mtn. Rd.
in ci lin ge	(Yes, no, or Unknown) (If yes give war or dates of service)	
SI ASIA	No 705-10-2626 Howard M. Cooper - Knoxville,	Md 21758 APPROXIMATE INTERVAL
N S S S S S S S S S S S S S S S S S S S	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY:	BETWEEN ONSET AND DEATH
RESTON EXECUTED THE MEDICAL PERMIT The Mithin It within	IMMEDIATE CAUSE (0) Dily Revol July monils	NAYS
N N Pe	DUE TO, OR AS A CONSEQUENCE OF	
W. PR be ex pend pend pend pend pend pend pend pend	Conditions, if ony, which gove	
Y e e Ch	rise to immediate couse (o), (D)—Stating the underlying couse (DUE TO, OR AS A CONSEQUENCE OF	
s, 301 W. PRESTON STREET, should be executed within ne word "pending repercise to the Chief Medical Examines burial-transit permit. The page in any event within 75 hours	lost.	
sh sh to the bur bur lin	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)	
ISION OF VITAL RECORDS, 301 W. PRESTON MINER: This certificate should be executed the certificate, writing the word "pending. 4 should be forwarded to the Chief Medican or file. e. 3 should be used as a burial-transit permit. mation, or removel, and in any event within		
AL RECOR certifica , writing orworded obsed as	50 b dv r 1 How at Toma from 1m) my	Tab Auranaua
ITAL RECONSTRUCTION OF CONTROL OF	A	20. AUTOPSY?
his ote, e fo	MAY 85 WAS PERFORMED? HOP & IN JUNY	YES NO
100	21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Yeor PRIMARY OR CONTRIBUTING HOUR A.M. 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item	18.)
erfindle	E CAUSE OF DEATH P.M. MIN 1975 NT. W. W. W. V. V. Q. R. T. (EQ) IN MIS VO	0 44
INE C Sho ation		County Stote
DIVISION OF EXAMINER: ute the certifing get 4 should your file Poge 3 sould crematic	AT WORK AT WOR	Feed bell
DIVISION O DEPUTY MEDICAL EXAMINER: stessory, please execute the certile funeral director. Page 4 should may be retained for your file. EUNERAL DIRECTOR: Page 3 stepsies to burior, cremation		
ICAL E e exect for. Po ed for CTOR:	220. I certify that I took charge of the remains described above, held on Autopsy , Inspection , Inquiry ,	and in my opinion
MEDICA please e I director retained L DIRECTOR	death resulted from: Aptural causes , Accident , Suicide , Hamicide , Undefermined manner	
MEDIA please direct retaine or to b	CHIEF MEDICAL EXAMINER	
0 2 0	SIGNATURE	NED+
UTY ory, nera be be Pe	EXAMINER'S DEPUTY MEDICAL EXAMINER	1123,1885
DEPL DEPL ECESSO E fun moy EUNE	NAME (Type) TO NEP RS ADDRESS(Street, gity, in gworth country of the Control	Town, Wed
O DEPUTY MEDICA necessory, please ex the funeral director. 5 may be retained fo 0 EUNERAL DIRECTO	230. BURIAL CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d (ACATION (City or Town) (G	ounty) (Stote)
1 2	REMOVAL (Specify)	., .,
	Burial 9/26/85 Park Heights Cem. Brunswick Fred 24. FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIG	
VR A15ME (5) 10M - 1/69	The State of the S	
10/41 - 17 07	John T. Williams Funeral Home Brunswick, Md. Date & Q 1882 Suite Build	- handelle

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Service

Boals Funeral

(VRA 15, 4)

STATE OF MARYLAND

260004	FOR STATE REGIST	Film G607 it 13e 9/10/8		RTMENT OF HEAL	FMARYLAND TH AND MENTAL HY CERTIFICATE OF	GIENE 2 6	156	
9948245	DECE ASED YPE OR PRIN	NAME FIRST	JOSEF	E	DOBO	20. DATE KNOWN DEATH MATED	MONTH DAY YEAR 25. HOUR SEPT 4 10 85 2:30	
ARY, PEAS L DIRECTOR L DIRECTOR N 72 HOUR JON STREET	Male	4. RACE White	5. DATE OF BIRTH		UNDER 1 YR. IF UNDER 24	HRS. 20 DATE MIN PRONOUNCED DEAD SEP	MONTH DAY YEAR 2d, HOUR T 4 1985 3:454	
WITHIN WITHIN	FOREIGN CO	CE (STATE OR DUNTRY) Sylvania	76. CITIZEN OF WHAT CO	MA	RRIED NEVER MARRIED	_ WASHING!		
O STATE OF S	Hagers			ncastle Pik	e (MD Rt.63)	I POR MOST OF WORKING LIFE)	OF WORK 12b. KIND OF BUSINESS OR INDUSTRY CONSTRUCTION	
PANTE BOOK		Ivania Clear	field	ence before admission) CITY OF JOWN COTTISDATE	AES X NO []	Rt.1 Bx.197	16839 16858	
DEATH DEATH AND 26 AND	Mi ch	ael Edw		bo bo	15. MOTHER'S MAIDEN	A	McCready	
S AFTER GIVE PA GIVE PA GIVE PA MISION	(YES, NO, O	CEASED EVER IN U.S. AR/ RUNKNOWN) (IF YES, GIVE	war or dates)	3-48-2478	Nancy R. Dol	ADDRESS bo (item 13 ak	oove)	
ON ST. 1 4 HOUR TEM 18 DONG WI SERMIT SIENE, DI	IS CA	RT I DEATH WAS CAUSED	ly one couse per line for (a) D BY: TE CAUSE (a)		TRIAN STRUCK	BY VEHICLE -	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH MOMENTS	
201 W. PRESTON ST UTED WITHIN 24 HOI IN PENCIL IN ITEM I. EXAMINER ALONG RIAL - TRANSIT PERMI. OM, OR REMOVAL.	go	anditians, if ony, which ove rise to immediate ruse (o) stating the <u>under-</u> ing couse lost.	DUE TO, OR AS A CONSEQUENCE OF (b) (MAJOR CHEST TRAUMA) DUE TO, OR AS A CONSEQUENCE OF					
RECORDS, 201 LD BE EXECUTE PENDING" IN I AEDICAL EXA AES AE ABURIAL IEATH AND M CREMATION,		OTNER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NOT	RELATED TO THE TERMINAL DISI	EASE OR CONDITION GIVEN IN PART I	(0),		
SHOULE SHOULE ORD "P	TIFIC	ATE OF OPERATION		OR WHICH OPERATION	WAS PERFORMED?		20 AUTOPSY? YES \(\subseteq \text{NO } \(\subseteq \)	
DIVISION OF V IIIS CERTIFICATE VRITING THE WY RADED TO THE GGE 3 SHOULD BI COF 10 PRIOR TO BI 201 PRIOR TO BI	EDICAL THOO THOO THOO THOO THOO THOO THOO THO	ITERNAL CAUSE WAS RLYING AOR RIBUTING CAUSE OF E JURY OCCURRED ORK AT WORK	21e PLACE OF INJU	JRY (ATHOME, 211 1	TRUCK BY VEHI	HITA	ING ALONG HIGHWAY	
EXAMINER: THE CERTIFICATE, VOULD BE FORW, A WITH THE STA	220 death	. I certify that I took charg	e of the remains described al couses , Accide	obove, held on Aut	opsy , Inspection (in my apinion	
TO MEDICAL EXAMENS TO FORM THE CERTIFICATION OF A SHOULD ENGE A SHOULD ENGE A SHOULD ENGE FOR DEATH WITH BALTIMORE, MARY	(TYPE C	NER'S NAME DR PRINT)	EDWARD W.DITT				DATE SEPT 4,1985 ET HAGERSTOWN, MD.	
99898999	(SPECIFY)			RESSIAN Bapt	ist Cemetery	23d LOCATION CHYORTOWN Kylertown Clear	rfield Penna.	
DHMH - 17 (VR A15 ME (5))	Maj'or	M. Osborne	OB 348 Willi	amsport,MD	21795 DATE REC	9-8 REGISTRAR 256 REGIST	TRAR'S SIGNATURE	

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 AS HOTENTHEAM, MACTE HERE
  MONTH OF THE CHILD WILLIAM STORES
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CONT. P. Legs
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.UL, WHITEHERAN TESETS SCTSSIF W. .. (L
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FOR

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CERTIFICATION

MEDICAL

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MPORTANT

FIRST

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

LAST

Pacula

REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
1. DECEASED NAME FIRST (TYPE OR PRINT)	ael — NMN	Domaruk	September 1	4 1985 8 15 PM
3 SEX Male	Caucasin	S DATE OF BIRTH MONTH 10 - 20 - 10	6 AGE (IN YEARS BIRTHDAY) 10 9 68 YRS	FUNDER I YEAR IF UNDER 24 HRS
70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Ohio	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	Washington	OF DEATH MD.
Hagerstown Hagerstown	LIE NOT IN SUCH FACILITY, GIVE STREET	ng home or other institution tabbress) Nursing Center	(TYPE OF WORK FOR MOST OF WORKING LIFE)	126. KIND OF BUSINESS OR INDUSTRY black topping
130 STATE 136 CO	NE OR OTHER INSTITUTION GIVE RESIDENCE BEFOR OUNTY 13. CITY OR TOV Shington Hagersto	VN 13d INSIDE CITY LIMITS? YES X NO	13e.STREET ADDRESS / ZIP CODE 428 W. Washi	ngton St. 2174
14 FATHER'S NAME		15. MOTHER'S MAIDEN NA	ME	

	IN U.S. ARMED FORCES!	188 SOCIAL SECORITINO.	17 HALOKWANA	ADDITEGO	
Yes	W.W.II	278-07-6608	Mrs. Michel	e L. Griffith,	, Hagerstown, Md.
PART I. DEATH W.		r line for (o), (b), and ic	like an	red	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Conditions, il any,	which (b)_	or as a consequence of arteri	osclarth's	Cerdie vos	ale Diseas
gave rise to imm cause (0), stating underlying cause	g the DUETO, C	DR AS A CONSEQUENCE OF	CUA		

Katherine

19a. DATE OF OPERATION	196 CONDITION FOR WHICH OPERA	TION WAS PERFORMED	20a AUTOP		20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?		
STATE OF THE STATE			YES 🗌	NO	YES 🗌	NO 🗆	
210. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH	The state of the s	AR 214 HOW INJURY OCCUI	RRED (ENTER NATL	JRE OF INJURY	IN ITEM 18 PART I OR PART	2)	

(IF EITHER NOTIFY MEDICAL EXAMINER) 211 LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY CITY OF TOWN STREET (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.)

LAST

Domaruk

MIDDLE

220.1 certify that (1) (this hospital) attended the deceased from

saw the deceased olive on above, (1) (we) (did to did not) view the bady after death that in (my) (our) apinion death accurred an the date and haur and fram the couses stated

DEGREE 22c DATE SIGNED 226 SIGNATURE ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN ATTENDING

22e ADDRESS

MIDDLE

231 NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL Tilghmanton, Wash., Maryland Sept.17,1985 burial Manor Cemetery

24 FUNERAL DIRECTOR MINNICH FUNERAL HOME 415 E. Wilson Blvd., Hagerstown, Md. 21740

COUNTY

STATE

DHMH - 16 60M 7/84

(VRA 15, 4)

ate be executed within 24 hours after

illing in the transmit director, page 3 outle be little within 72 hours often death TO FUNERAL DIRECTOR: After this certificate has been signed by the fitting the principle should be detached for use as the burial-transit permit. Then please remembers with the State Dept. of Health and Mental Hygiene prior to burial, cremiting the LiMPORTANT. If them 21 is marked as them 38 shows any injury, as other traumatic event their TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the retained by the hospital or attending physician.

BP. DHMH - 16 60M 7/84 (VRA 15, 4)

	- 66	FOR STATE REGISTRAR			ENT OF H	E OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	IENE S	2 6	1	5 8	
		CEASED NAME FIRST Robe		L .	-	NATI	26. DATE OF DEATH	9 17	PS-	26 HOUR	М
		male	4 RACE whi	te	MONTI	of Birth mber 1, 1926	6. AGE (IN YEARS LAST BIR	YRS	UNDER I YEAR	HOURS A	HRS MIN.
1]	RTHPLACE (STATE OR FOREIGN COUNTRY) Pennsylvania	USA	WHAT COUNTRY?	WIDOW		hingto			MD.	
1	0	Hagerstown	Washin	gton Coun	ty Ho	spital	(TYPE OF WORK FOR MOST C Superviso	OF WORKING LIFE)	126. KIND (INDUSTRY garii	of Business nent co	
9	13a S		NTY nington	Hagersto	4	13d INSIDE CITY LIMITS? YES NO	2013 Oak	Valley	Drive	211	10
0	14 FA	14 FATHER'S NAME Joseph Donati Josephine							Ţ	lenta	
1		VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES G YES W	RMED FORCES?	208-16-6		Frank A. Gu	bbiotti Fun		ome, I	Exeter	, F
	TION	PART I. DEATH WAS CAUSE (a) VENTILLO LAX FIBRALITATION DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF C(c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVE HISTORY of VENT. F. L.									
	CERTIFICATION	190 DATE OF OPERATION	A		OPERATIO	N WAS PERFORMED				NGS USED S OF DEATH? NO []	?
	MEDICAL	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMIN 270.1 certify that (1) (this host saw the deceased alive a abave, (1) (we) (and) (did in 27b. SIGNATURE	HOUR A. P. 21e PLACE (AT HOME STI	M. MONTH DA M. OF INJURY VEET, FACTORY, OFFICE, FA e deceased from	19 SRM, ETC.)	21t. LOCATION STREET 21t. LOCATION STREET 19 nd that in (my) (out) apinion of the company of t	CITY OR TO	77 19 ate and have c	county and from the	that (I) (we) causes stated) last
	24 FU	SURIAL, CREMATION, REMOVA SPECETY TO THE TOTAL DUTIAL JUREAL DIRECTOR MINN A15 F. Wilson	Sept.2	0,1985 Mt	. 01	0.50	23d LOCATION CATVETTO)11,	COUNTY AR'S SIGNA	Pa Stati	E

COONTS fine transmission

Burial

24 FUNERAL DIRECTOR

DHMH - 16 60M 7/84 (VRA 15, 4)

267023	1.	FOR STATE REGISTRAR		DEPARTA	MENT OF H	E OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	REG. I	2 8	5 /	5 4
moy be poge 3		CEASED NAME FIRST	2nce	R.	Ehr 15. DATE C	-hart DE BIRTH	20 DATE OF DEATH	MONTH DA	Y YEAR 1,85	26 HOUR 3 PM
ge 4 m	/	Female		asion	MONTH		68		DAYS	HOURS MIN.
the funeral direction of the funeral direction	10 C	RTHPLACE (STATE OR FOREIGN COUNTRY) Pa TY OR TOWN OF DEATH	US 11. NAME OF		WIDOWE IG HOME C ADDRESS)	OR OTHER INSTITUTION	9 BALTIMORE CITY Wash 120 USUAL OCCUPA (1YPE OF WORK FOR MOST Clerk	ington	Coun	MD.
filled in by nould be filed	USU. 13a. S	TATE CC	E OR OTHER INSTITUTION DUNTY ranklin	Waynesby	ADMISSION)	13d. INSIDE CITY LIMITS? YES 10 0	13e STREET ADDRESS		10	1111101
ompletely ond 2 si		THER'S NAME FIRST Melvin	Roy	Barnah		is mother's maiden no Martha	Ann		Skil	
Popes of Pop	160 V	VAS DECEASED EVER IN U.S. (ES, NO OR UNKNOWN) (IF YES,	ARMED FORCES? GIVE WAR OR DATES!	180-03-9		Mr. Oscar L.	Ehrhart 55	7.00		
has the death by the attending the constitution of the traumation of the traumatic event,		18 CAUSE OF DEATH IEnter PART I. DE ATH WAS CAU IMMED Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last	JSED BY: PLATE CAUSE (a) DUE TO, C (b)	0 1	PUL ENCE OF		pathy rdiousse		disea	MATÉ INTERVAL INSET AND DEATH
The flow requires of other been signed in permit. Their ple inter principal control of buring any injury, or	TIFICATION	PART 2 OTHER SIGNIFICAN Addisor 190 DATE OF OPERATION	15 dis	ease		NOT RELATED TO THE TERM	200 AUTOPSY? YES \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	20b. IF YES,	WERE FINDIN	GS USED
CO PHYSICIAN TO THE SENTENCE SHARE SENTENCE SHARE SHAR	MEDICAL CES	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFETHER NOTIFY MEDICAL EXAM 21d. IN JURY OCCURRED WHILE NOTWILE AT WORK ALWORK	DEATH HOUR A	OF INJURY .M. MONTH DA .M. OF INJURY (REET, FACTORY, OFFICE, F	19	211. LOCATION STREET	RED (ENTER NATURE OF IN.		COUNTY	STATÉ
SPITAL OR ATTENDON SPITAL OR ATTENDON NERAL DIRECTOR An NERAL DIRECTOR An NERAL DIRECTOR AN NERAL DIRECTOR AN NERAL DIRECTOR A NEARLY DIRECTOR TANTAL IL Nem 21:5 month		22e.1 certify that (1) (this has now the deceased alive above, (1) (mol (did) (elical 226 SIGNATURE	on 9 least view the body	198		22e ADDRESS	ARDICAL ST.	AFF ICIAN []	22c. DATE S 9-11	-85
MAPPE STORY		George Newmand George		23c N		Washington EMETERY OR CREMATORY MS Memo Gard	23d LOCATION			, Md.

. Waynesboro

250 DATE REC.D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

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eachington o Hoppital, assembning, Mar

BOWN II . F.

. Williams to a median committee the land of the land

DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE REGISTRAR 280002 DECEASED NAME 20 DATE KNOWNY (TYPE OR PRINT) ESTI-DEATH MATED SEX DATE LAST BIRTHDAY PRONOUNCED 5-5 YRS DEAD 30 9 BALTIMORE CITY OR COUNT TO BIRTHPLACE (STATE OF COUNTRY? MARRIED X NEVER MARRIED FOREIGN COUNTRY) WASHINGTON USA Maryland WIDOWED [DIVORCED IB CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS Rt.2 Box# 239A Contractor Williamsport Construction 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 239A 21795 Washington Williamsport Maryland 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME Robert Eichelberger Catherine Bowers Leo Louise 166. SOCIAL SECURITY NO. 7. INFORMANT ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO. OR UNKNOWN) LIE YES GIVE WAR OR DATES! 215-26-2273 Evelyn L. Eichelberger (item 13 above) Korea ves CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY COVILIAN IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE JERMINAL DISEASE OR CONDITION GIVEN IN PART 1 Id CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? DEPARTMENT OF PRIOR TO BURI 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IS PART) OR PART 21 HOUR A.M. MONTH DAY UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY JATHOME 211. LOCATION AT WORK NOT WHILE STREET, FACTORY, FARM, ETC 1 CITY OR TOWN Inspection X PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR: 22a I certify that I took charge of the remains described above, held an Autopsy and in my apinian death resulted from Natural causes Undetermined monner TITLE (SPECIFY) ACTUAL SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c NAME OF CEMETERY OR CREMATORY Sharpsburg Washingotn Maryland Sep. 23, 1985 Mt. View Cemetery Buri al 07/84 25M 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR **DHMH - 17** June ween ason fandage (VR A15 ME (S)) Williamsport, MD 21795 Major M. Osborne

STATE OF MARYLAND

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS

6

	FOR STATE REGISTRAR		DEPART		EALTH AND MENT		REG.	NO.	0 /			
	DECE	WRST	MIDDLE	l.	AST		20. DATE OF DEATH	MONTH	DAY	YEAR	2b. HOL	JR
1	Ma	ry T	rone	E	tgen			9	9	85	6:4	45 AP
3.	SEX	4 RACE		5. DATE C	F BIRTH	6	AGE (IN YEARS LAST I	SIRTHDAY)		ER I YEAR	IF UNDER	
	Female	Whi	te	Aug.		84	101	YRS	MONTHS	DAYS	HOURS	MIN.
70	BIRTHPLACE (STATE OR FORE	IGN 76. CITIZEN O	WHAT COUNTRY	? 8	D NEVER MARR	IED T	BALTIMORE CITY	_				
	Maryland	U.S	.A.	WIDOWE			Washi	ngtor	ı Co	•		MD.
10	Boonsboro		HOSPITAL, NURSI ICH FACILITY, GIVE STREE TNEY KE		ome		12a USUAL OCCUPA (TYPE OF WORK FOR MOS Milline	OF WORKING		. KIND O DUSTRY	F BUSINI	ESS OR
U.I.		HOME OR OTHER INSTITUTION COUNTY	13c. CITY OR TOV	WN	134. INSIDE CITY LI		3 STREET ADDRESS		-	2 enue	174	0
14	Benjamin	MIDDLE	Tron	е	15 MOTHER'S MAI	izabe				Row	lan	đ
16	WAS DECEASED EVER IN THE STATE OF THE STATE	U.S. ARMED FORCES? F yes, Give war or dates)		URITY NO.	17. INFORMANT	741	ADD	· Was	shir	ngţo	b ₂ S	tree
	Canditions, if any, w gove rise to immed cause (a), stating	DUE TO,	OR AS A CONSEOU	JENCE GL	Don	entr	<u>a'</u>			APPROXI BETWEEN (MATE INTE	DEATH
1	PART 2 OTHER SIGNIFI	CANT CONDITIONS	CONTRIBUTING TO	DEATH BUT	NOT RELATED TO T	HE TERMIN	VAL DISEASE OR CO	NDITION G	SIVEN IN	PART 110) '	
1	19a. DATE OF OPERATIO	N 196. CON	CONDITION FOR WHICH OPERATION WAS PERFORMED				200 AUTOPSY?	IN CER	ES, WER			TH?
	OR COMPRESSION OF THE	SE OF DEATH HOUR	OF INJURY A.M. MONTH E P.M.	DAY YEAR	21c. HOW INJURY	OCCURRE	D (ENTERNATURE OF IN		- Land	RPART 2)		
1	(IF EITHER, NOTIFY MEDICAL I 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	ED 21e PLACE OF INJURY 211 LOCATION SIREE CITY OR TOWN								YINUC		STATE
l	220. I certify that (I) (the saw the deceased a abave, (I) (we) (did) 22b. SIGNATURE		19_	, or	nd that in (my) (our)		, to	date and h				
-	22d PHYSICIAN'S NAMI	(TYPE OW PRINT)	/(= (IDING ICIAN	MEDICAL ST DIRECTOR PHYS	AFF ICIAN []	- 1	94	6-8	1
	A-Boul	- WAHE	En un	2	1610 -	04K	-Hill A	re.Hi	19.	M)	211	740
23	BURIAL, CREMATION, REA	9-1.2			EMETERY OR CREM		23d LOCATION CITY OF TOWN Hagers	town	.Was	hin	ato	n Mo

DHMH - 16 50M 4/83

24 FUNERAL DIRECTOR

(VRA 15, 4)

A.K. Coffman Funeral Home, Inc.

Rose Hill Cemetery Hagerstown, Washington, Md. Hagerstown, Md250 Date Rec'd. By Registran' 250, Registran's Signature

Mark Company of the control of the c . Market of France, sending 102 Transport of the Control of the Co The second second second . will, steply letterally program along - STATE REGISTRAR

DECEASED NAME TTYPE OR PRINTI

SEX

7a BII

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENG CERTIFICATE OF DEATH

	MEO. TTO.				
ī	20 DATE OF DEATH MON	TH DAY	YEAR	2b. HOL	JR
	Sept. 17,	1985	5	2 1	?
П	6. AGE (IN YEARS LAST BIRTHDAY	r) IF UN	DER I YEAR	IF UNDER 24 HI	
		MONTH	S DATE	HOURS	MIN.

Female	White	Jan. 13. 1904
OUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED

 \Box

ED C WIDOWED DIVORCED [

Washington Co. TYPE OF WORK FOR MOST OF WORKING HEF INDUSTRY

9 BALTIMORE CITY OR COUNTY OF DEATH

10 CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Hagerstown Washington County Hospital

13. STREET ADDRESS / ZIP CODE 1613 Virginia Ave.

Housewife

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
138. STATE
138. CUTY OR TOWN

14 FATHER'S NAME

West Virginia

Washington Hagerstownyes N Md.

NOF 15 MOTHER'S MAIDEN NAME FIRST

Sabina Adkins

ADDRESS

160 WAS DECEASED EVER IN U.S. ARMED FORCES? LIF YES, GIVE WAR OR DATES) No

William

166 SOCIAL SECURITY NO. 17 INFORMANT 8235 10

113d INSIDE CITY LIMITS?

Rev. George M. Farley Son

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I, DEATH WAS CAUSED BY:

Monary IMMEDIATE CAUSE (0) A CONSEQUENCE OF

Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying cause lost.

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LAST

Wayne

cardiougscular

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to

П	HYDELL	-V	51011	
1	190 DATE OF OPERATION		196 CONDITION FOR WHICH OPERATION	WAS PERFORMED
1				
1	FOREST LANGUAGE AND REST AND REST			
1				
	210. ACCIDENT WAS UNDERLYING		216 TIME OF INJURY	21c HOW INJURY

OF INJURY HOUR A.M. MONTH DAY YEAR P.M 19

NON YES [216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)

20a AUTOPSY?

OR CONTRIBUTING T CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE, FARM, ETC.) NOT WHILE

21f LOCATION STREET

CITY OF TOWN COUNTY

22a.1 certify that (1) (this hospital) attended the deceased from sow the deseased plive on, (did not) view the dy ofter death

(euc) opinion death occurred on the date and hour and from the causes stated

20b. IF YES, WERE FINDINGS USED.

IN CERTIFYING CAUSES OF DEATH?

DEGREE

MEDICAL STAFF ATTENDING DIRECTOR PHYSICIAN 22c. DATE SIGNED

STATE

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

22e ADDRESS

23¢ NAME OF CEMETERY OR CREMATORY

lan.	
 QP	

FUNERAL

ld b

Braxton Co.WV

24 FUNERAL DIRECTOR Sinnett Funeral Home

Spencer, WV



27/1005 A PERSONAL PROPERTY OF THE PRO . ob god in during the land of the control of the c ollworthin fuller I women nothing that medica and ed. To be made the contract of the last war. ergale . As a dam life . app 10 0235 Hev. George H. Pindey Bon The of the control of

TO BE THE RESIDENCE OF THE PARTY OF THE PART

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

43	1-	FOR STATE REGISTRAR		DEPARTM	MENT OF HE	OF MARYLAND ALTH AND MENTAL HYG CATE OF DEATH	REG. NO.	2 6 /	6 3		
0		CEASED NAME FIRST	MI	DDLE	LAS	1	20 DATE OF DEATH MO	ONTH DAY YEAR	26 HOUR		
7 L		LESTER	4	5.	Fis	SHEK.	9	-11-85	705 M		
T	SEX		4 RACE	1018	5. DATE OF	BIRTH YEAR	6 AGE (IN YEARS LAST BIRTHD	MONTHS DAYS			
L	m		Cau.		8	7 16	69	YRS.			
7		RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF W	HAT COUNTRY?	B.	NEVER MARRIED	9 BALTIMORE CITY OR	COUNTY OF DEATH			
l		ARYLAND	U.S.A.		WIDOWED		WashingTo	N	MD.		
1	H	AGERS TOWN		SPITAL, NURSIN		OTHER INSTITUTION HOSPITAL	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W FARMER		OF BUSINESS OR		
1	30.5	nd. was	UNTY	VE RESIDENCE BEFORE 34 CITY OR TOWN	11/2	34 INSIDE CITY LIMITS?	130 STREET ADDRESS / Z	IP CODE P6 Needy	21756 sville		
1	A	THER'S NAME FIRST LLOYd	MIDDLE	Fisher		5 MOTHER'S MAIDEN NA FIRST	ME MIDDLE		ast O VeV		
	- [Y	AS DECEASED EVER IN U.S.		66 SOCIAL SECU 219-14-1	RITY NO.	Mrs. Mabel	ADDR	d. 1 Box dedysville	36 Md. 21750		
		18 CAUSE OF DEATH (Enter PART I: DEATH WAS CAU IMMED		boken	4	щинаворог	try	70	DXIMATE INTERVAL		
		Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last.	(b)	AS A CONSEQUE	e an	at.		72	ays		
		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0									
1	NO.	me	alumant	lemeste	was						
	CERTIFICAT	190 DATE OF OPERATION	196 CONDITI	ON FOR WHICH	OPERATION	WAS PERFORMED		Ob. IF YES, WERE FIND N CERTIFYING CAUSE YES []			
	_	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF ((IF EITHER NOTIFY MEDICAL EXAMINATION)	DEATH HOUR A.M	MONTH DA	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY II	NITEM 18 PART I OR PART 2)			
	MEDICAL	21d INJURY OCCURRED WHILE OF NOT WHILE OF NORK	21e PLACE O	FINJURY T. FACTORY OFFICE, FA		ZII LOCATION STREET	(ITY OR TOWN	COUNTY	STATE		
		220.1 certify that (1) (this has saw the deceased alive abave, (1) we tand that	A	2.3	May 95, and		ta Hept death accurred an the date	and haur and fram th	, that (we) last ne causes stated		
		226 SIGNATURE	ed E. H.			GREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIA		E SIGNED		
		22d PHYSICIAN'S NAME (TYPE		4 M. N		1708 Mak	Will Die M	a alasta ul	and sine		

DHMH - 16 60M 7/B4

BP.

John H. Bast, Jr. (VRA 15, 4)

Burial

230 BURIAL, CREMATION, REMOVAL

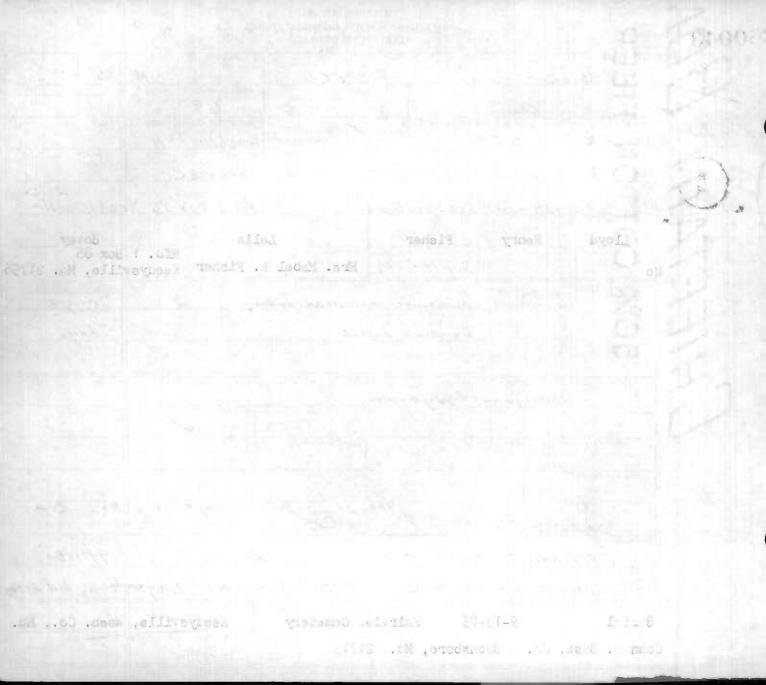
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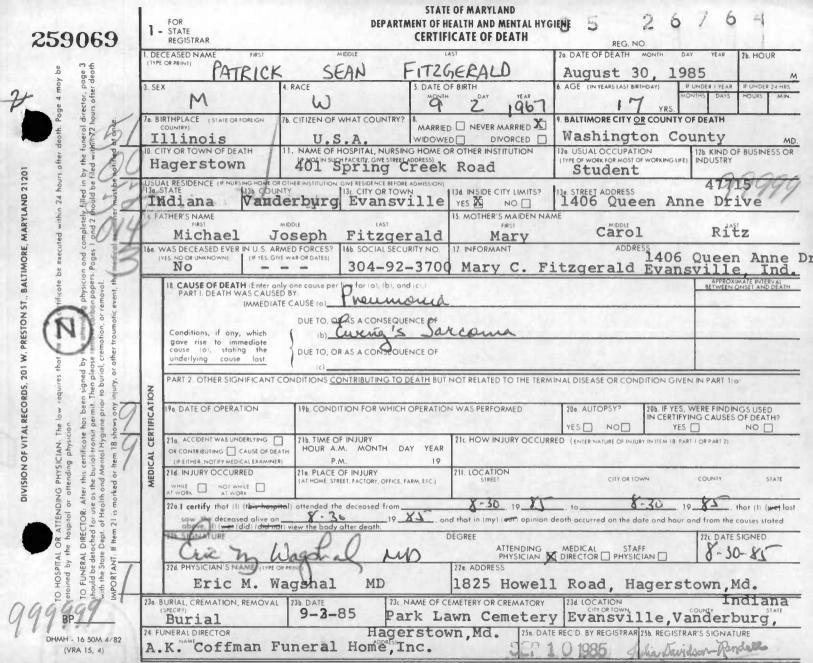
Boonsboross Md.

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY Fairview Cemetery 21713

Keedysville, Wash. Co., Md. 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE
SFP 1 3 1085 annuados - handales





286 , OE Annual	-Gara	321 F. 126	(45)		
venues geraninasi			a 1 a a		
State Tables	bool	20073 0	nhage 198		ageratos
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Carol Rate		Pistans	all som		nadal).
of meno dult thempatte	3 vest	A CATE OF THE COL	200		
wil hand, Sagerstonn, Sa.	40. CE.			a M	

26007	4	1	FOR STATE REGISTRAR			DEPARTM	ENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENES 5	REG. N	2	6	1	6 3	
1 25	,		THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.	OBERT		AMES	FORS	HAW	2a. DATE OF [DEATH	MONTH	S	YEAR 55	ZZZ A	
ge 4 may rector, plant		M.			White		May 19, 11919 YEAR					MONTH	UNDER I YEAR IF UNDER 74 HRS		
11 6	9	. 5	Conten	OREIGN	76 CITIZEN OF	WHAT COUNTRY?	MARRIEI WIDOWE	NEVER MARRIED DIVORCED	9 BALTIMOR WASHIN			Y OF D	EATH	MD.	
100	9	H	agerstown		Washin	gton Coun	ty Ho	spital	Machin	OR MOST O		LIFE 1 11	DUSTRY	nt	
1		13a. S	ryland	13b COUP	VTY	13c. CITY OR TOWN	V			Box	31°S	ense	1 Rd	1. 21750	
1	0	1	James			Forshaw		15 MOTHER'S MAIDEN NAM		Mari		(ampi	on	
Puges,	7	6a W	Yes Yes	WEYES GIV	WAR OR DATEST			Alberta G. Forshaw same as 13.							
quires that the death certifical signs of by the attending phy their please corbon particles of remove corbon particles of remove or content or		NA.	Conditions, if any, gove rise to imm cause (a), stating underlying cause	which sediate g the last	D BY: TE CAUSE (a) DUE TO, OI (b) DUE TO, OI (c)	Physical Passaconseque RAS A CONSEQUE RAS A CONSEQUE Summo File	NCE OF	Deforce tion	ly	Dis	eas			MATE INTERVAL ONSET AND DEATH	
No low re	7	TIFICATION	190 DATE OF OPERAT	ION	196 CONDI	TION FOR WHICH	OPERATION	N WAS PERFORMED	200 AUTOP	NO[]	IN CERT	ES, WER	RE FINDIN	OF DEATH?	
rSICIAN. T ing physics conflictions wested trans-	9	DICAL CERT	OR CONTRIBUTING C	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19							RY IN ITEM 18	PART I O	RPART 2)		
offer the broad of cond of the broad of the		MEDIC		(AT HOME STREET EACTORY OFFICE FARM ETC.)				211. LOCATION STREET		CITY OR TO	wn	C	DUNTY	STATE	
ATTENDI construction of Heal		3	ROBERT ROBERT ROBERT A RACE INTHIPLACE DATE OR FOREIGN 76 CIT A GENERAL DEPTH 11. N A GENERAL DEATH 11. N A GENERAL DEATH 11. N A GENERAL DEATH 136 COUNTY BY A DATE OF DEATH 136 COUNTY WAS DECEASED EVER IN U.S. ARMED FOREIGN WAS DECEASED EVER IN U.S. ARMED FOREIGN PART I. DEATH WAS CAUSED BY. IMMEDIATE CAU Conditions, if any, which gove rise to immediate cause (as to immediate cause of the immediate cause (as to immediate cause of the immedi		19		d that in (my) (our) opinian d	, to leath accurred	on the do	ote and ha	. 19 our and		that (I) (we) lost causes stated		
TAL OR TO THE NO SEAL DIRECTOR SEAL DIRECTOR SEAL SEAL SEAL SEAL SEAL SEAL SEAL SEAL			Chook	well	1 the	as Mi	3	DEGREE ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAF PHYSIC	F IAN []	2	9/5	SIGNED	
TO FUNE hould be weoktar			Audi Audi	ME (TYPE O	J. G	unn		22e ADDRESS							

DHMH - 16 60M 7/84

(VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL SPECIFY Burial 236 DATE

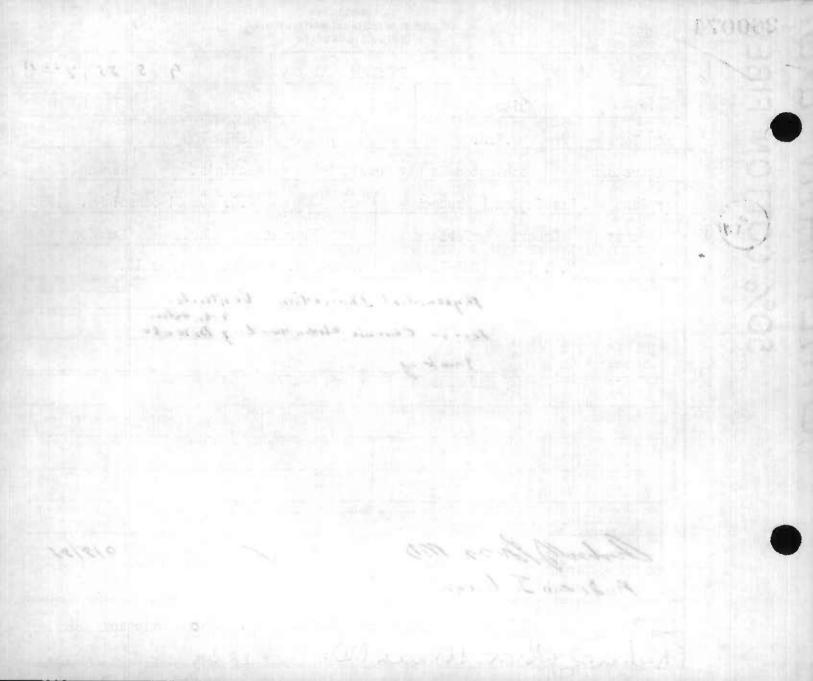
9/11/85

231 NAME OF CEMETERY OR CREMATORY

Md

STATE

Plintstone Allegany Rocky Gap Veterans F1



123	1.	FOR STATE			DEP	ARTMENT OF H	EALTH AND MENTAL HY	GIEND 5 2 6) / 6	0
1 3.100	,	REGISTRAR				CERTIF	ICATE OF DEATH	REG. NO.		No.
		CEASED NAME	FIRST	112	MIDDLE		AST	28. DATE OF DEATH MONTH	DAY YEAR	26. HOUR
deo de	(TYPE	OR PRINT)	IAN	E1	K.	FINAL	HOUSER	AUGUST 3	1985	8 45 M
0 0	3. SE			4. RACE		5. DATE C		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
offe	3. 02.	I-1101-		1 . 1	:+1	MONTH	DAY YEAR	11	MONTHS DAYS	HOURS MIN.
urs or	1	TEMALE		Wh	NVK	Flu	9 20 1418	O'/ YRS.		
2 ho d		RTHPLACE (STATE OR FO	REIGN]	76. CITIZEN OF		TRY? B. MARRIE	NEVER MARRIED	9. BALTIMORE CITY OR COUNTY	OFDEATH	
7		Maryland		U.S	.A.	WIDOWE	D DIVORCED	Washington		MD.
5 11/	10 C	TY OR TOWN OF DEAT	Н		HOSPITAL, NU		OR OTHER INSTITUTION	120 USUAL OCCUPATION		BUSINESS OR
1 9/	Н	agerstown				land Ce	nter	housewife	TI II DOSTKI	
9 79 Pe	USU	AL RESIDENCE IN NURSIN		OTHER INSTITUTION	, GIVE RESIDENCE	BEFORE ADMISSION)				
3/			Jack		13c. CITY OR		13d INSIDE CITY LIMITS?	1880 Fountain	Hond Do	21740
2		ryland	wasn.	ington	Hagers	SLOWII	YES NO K		neau Koa	au
P E	7	FIRST	N	AIDDLE	LAST		FIRST	WIDDLE	LAST	
13/		Otto			Kunl		Nancy		Ilgeni	fritz
1 0 p		VAS DECEASED EVER IN		WAR OR DATES)		SECURITY NO.	17. INFORMANT	ADDRESS		
0 E/	<u> </u>	no		,	019-18	8-1843	Mr. Richard	N. Funkhouser, H	agersto	wn, Md.
100		18 CAUSE OF DEATH	(Enter onl	y one couse pe	r line for (a), (b	ol, and (cl.)			APPROXIM BETWEEN OF	MATE INTERVAL
1		PART I. DEATH WA		D BY: E CAUSE (0)	1	NEU	YONIA		3de	49
ME :) 5		,	MMEDIAII							0
0000		Conditions if any	rode tak	DUE TO, C	R AS A CONS	EQUENCE OF	: ENcephe	lobathy	mine!	18,1985
to to		Conditions, if ony, gove rise to imme	ediote	(p)_		00	0.000		1	07 .00
1111		couse (a), stating underlying couse	lost	DUE TO, C	R AS A CONS	EOUENCE OF				
o io o				(c)						
Then p to bur njury,	7	PART 2 OTHER SIGN	FICANTC	ONDITIONS C	ONTRIBUTING	S TO DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GIV	EN IN PART 110	
	CERTIFICATION		/	10	cur ar		or Hooder			
Prio y	٥	190. DATE OF OPERATI	ON	190 COND	ITION FOR W	HICH OPERATIO	N WASPERFORMED	200 AUTOPSY? 20b. IF YE	S, WERE FINDING FYING CAUSES (OF DEATH?
d un d	F								ES 🗍	NO 🗌
Hygiene 18 shows	CE	21a. ACCIDENT WAS UNDE	-	216. TIME C	OF INJURY	DAY YEAR	21c. HOW INJURY OCCUP	RED (ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)	
tem	X	OR CONTRIBUTING CA		in .	.M.	19				
5	MEDICAL	21d. INJURY OCCURRE		21e PLACE	OF INJURY		211 LOCATION	CITY OR TOWN	COUNTY	STATE
0	Ž	WHILE NOT WHILE	E 🗍	(AT HOME, ST	REET, FACTORY, O	FFICE, FARM, ETC)	SIREET	CITORIOWN	COONIT	JIAIC
morked or		220.1 certify that (kg)	this born's	all attendad t	ne deceased t	on Alle	100/ 10 8	10 August30	10 85 4	hot (1) (we) lost
E S		saw the deceased			97 30		nd that in (my) (XXX apinion	death occurred on the date and hos		
0 + E		above, (1) (₩ <u>₹</u>) (di	d) (M) X (6)							
DIRECTOCHED FOR THE		22b. SIGNATURE	11	7. ,	2 1	-	DEGREE ATTENDING	MEDICAL STAFF	27c DATE S	30/9
det det		Jel	. 1/0	roun	Venla	U V	PHYSICIAN	DIRECTOR PHYSICIAN	01	00/00
old be det of the State ORTANT:		22d. PHYSICIAN'S NA	ME (TYPE OR	R PRINT)			22e ADDRESS			
should be dete		Transfer								
d 3 ₹	23a.	BURIAL, CREMATION, R	EMOVAL	23b. DATE		23c NAME OF C	EMETERY OR CREMATORY	23d. LOCATION		
		buria]			3,1985		.11 Cemetery	Hagerstown, Wa	shington	n, MD.
	24 F	UNERAL DIRECTOR		ICH FU				TE REC'D. BY REGISTRAR 25b. REGIS		
16 50M 4/83			DI	TOU LOI	MEKAL H	NESS AND LON	d 21740 3 CF	Y Y 1 10951 Alie Da	A CONTRACTOR OF THE PARTY OF TH	200
A 15, 4)	41	D. WITSOI	I DIA	u., паде	ISTOWN	, rial / Lai	Id 21/40 9 6	6. 4. 1000	and the same	^



STATE OF MARYLAND

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Pinkerton

STATE

Pa.

APPROXIMATE INTERVAL

with the

CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH MONTH LAST DECEASED NAME TYPE OR PRINT Charlotte Blanche GRAVES September 16. 1985 5 DATE OF BIRTH & AGE LIN YEARS LAST BIRTHDAYS June 22, 1906 female white BIRTHPLACE ISLATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED ANEVER MARRIED Pennsylvania USA Washington DIVORCED X WIDOWED O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 126 KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFET Williamsport Homewood Retirement Center ISUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 13 CITY OR TOWN POR 134 INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE 2750 VIRGINA AVE. 21795 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Hatton Minnie Elizabeth James Henry ADDRESS 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT 191-34-6345 Marianne G. Myers, York, Pa. 18 CAUSE OF DEATH lEnter only one cause per line (m-1a), (b), and (c)
PART I. DEATH WAS CAUSED BY MAGST ULMENANY CMBQUE gove rise to immediate couse (a), stating the PACEMIA underlying cause last CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11:0 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY 198 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL LIFEITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY AT HOME STREET FACTORY, OFFICE, FARM ETC) WHILE NOT WHILE 77s. I certify that I (this hospital) of (our) apinian death accurred an the date and haur and from the causes stated ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN METZNER, MY AGENS TOUN 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION Sept. 20, 1985 Yorktown Crematory cremation York, 24 FUNERAL DIRECTORINNICH FUNERAL HOME 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

415 E. Wilson Blvd., Hagerstown, Md. 21740

DHMH - 16 60M 7/84 (VRA 15, 4)

291/12 Appearation of the second seco Aumorea there we would be the best of the same of the same wing and wife it

FOR STATE

STATE OF MARYLAND

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OF DEALIN AND MENTAL DIGITAL	
ERTIFICATE OF DEATH	

	REGISTRAR			CEKITI	ICAIE OF DEATH	REG. NO	0			
	CEASED NAME F	tRS₹	MIDDLE	L. I	AST		HINOM	DAY YEAR	2b HO	UR
	MARUIN	m ilt	on	G	Rim	1 - C - C - C - C - C - C - C - C - C -	9.	21 85	14=	28 PM
1 SE	X	4 RACE	The contract of	S. DATE C		6 AGE (IN YEARS LAST BIR	JHDAY)	MONTHS DATE		R 24 HRS
	Male	Whit	e		9, 1926	59	YRS	WORLHS DAT	S HOURS	MIN.
	IRTHPLACE (STATE OR FORE	IGN 76 CITIZEN O	F WHAT COUNTRY?	8	D NEVER MARRIED XX	9 BALTIMORE CITY O		Y OF DEATH		
	Maryland	l	ISA	WIDOWE		Washingto	on Co	unt.v.		MD.
10 C	ITY OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OCCUPATION	ON	126 KIND	OF BUSIN	
	Hagerstown	4.1	ington Co		Hospital	Laborer	F WURKING L		struc	tion
	AL RESIDENCE (IF NURSING	HOME OR OTHER INSTITUTION	I 30 CITY OR TOW	ADMISSION)	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	ZIP COL			
· M	aryland	Washington			YESXX NO	307 Reyno	ds A	ve. / 2	21740	
14. F	ATHER'S NAME	WIDDLE			15. MOTHER'S MAIDEN NA	ME				
19.	Marvin	Arthur	Grim		Sarah	Irene	2	Ì	9c Gow	an
	VAS DECEASED EVER IN	U.S ARMED FORCES	166 SOCIAL SECU	RITY NO	17 INFORMANT	ADDRE	SS RO	ute 2,	Box	272
-	No	TES GIVE WAR ON DATES	216-22-8	805	Thurston E.	Grim - Shar	psbu	rg, Md.	. 217	
	18 CAUSE OF DEATH	Enter only one couse p	er line for (o), (b), one	dic		^		APPRO	DXIMATE INTI	ERVAL ID DEATH
	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Cardio pulmonary arrest									
	DUE TO, OR AS A CONSEQUENCE OF									
		onditions, if ony, which (16) Acute leukemia								
		the DUE TO.	OR AS A CONSEQUE	NCE OF	1					
	underlying couse lost. (c) Perirectal abscess									
z	PART 2 OTHER SIGNIF	CANT CONDITIONS	CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GI	IVEN IN PART	110	
CERTIFICATION										
FICA	19a DATE OF OPERATION	N 196 CON	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? 206. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF				
ERTI	21a. ACCIDENT WAS UNDERLY	215 Thus	OF INJURY		Val. How alway accion	YES NO	res 🗌			
	OR CONTRIBUTING CAUS	110110		YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM IS	PART I OR PART 2)		
WEDICAL	(IF EITHER NOTIFY MEDICALE		P.M.	19						
MED	21d INJURY OCCURRED	LAT HOME S	E OF INJURY TREET, FACTORY, OFFICE F	ARM ETC)	211 LOCATION STREET	CITY OR TO	NN	COUNTY		STATE
130	AT WORK AT WORK			-	1	0 1-				
	220 I certify that the the		e deceosed from	85	117 1903	, to 9 3	1	. 19 8 3	, that (1)	
	othove at Gwel did)	(did not) view the boo	y ofter death.		nd that in (my) (and opinion	deoth occurred on the do	te ond ho			
7	The state of the s	11.			DEGREE ATTENDING	# MEDICAL STAF	F	61.00	E SIGNED	
1	AYSICIAN'S NAME	CTYPE OR PRI	omay.	II Y no.	D. M.D. ATTENDING PHYSICIAN	DIRECTOR PHYSIC	IAN	9,	/22/8	2
	George Ne		M D			Md 217/10				
	I deorge Ne	wman, II,	M. D.		Hagerstown,	riu. 21/40				

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

DHMH - 16 60M 7/84 (VRA 15, 4)

should be detach with the State De MPORTANT: IF

230. BURIAL, CREMATION, REMOVAL (SPECIFY) 23b. DATE

24 FUNERAL DIRECTOR

23c. NAME OF CEMETERY OR CREMATORY

23d LOCATION
Samples Manor, Wash., Md. Tate 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

Burial 9/24/85 Samples Manor Cem.

4 FUNERAL DIRECTOR Drawer C
Robert L. Spencer - Harpers Ferry, WV 25425

in-Rande

6010 REISTERSTOWN RD. BALTO., MD. (21215)

DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND

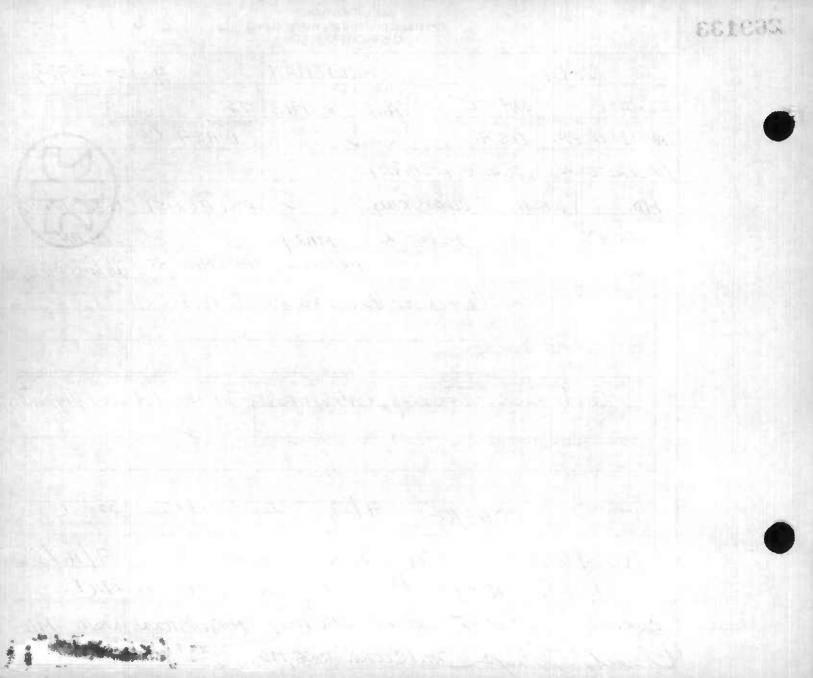
Mar Bass There they to the season the state of the s HARDER TO THE PROPERTY OF THE ALT TO A MENT OF THE STATE OF T THE CHUI OF THE LEW STREET STREET WHEN THE WAST County El comment on the comment of the Whater of his lateral to the concernal the many that

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

-	1 050	CE ACED MANAGE	FIRST		AIDDLE	,	AST	12	TAN DATE OF DEATH WOULD DAY YEAR IN HOUR				
		CEASED NAME OR PRINT)	OLA	^	NIDDLE		HALTEMA		20. DATE OF DEATH MONTH DAY YEAR 25 HOL				
	3. SE X			4 RACE		5. DATE C			AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS		
	F	EMALE		WHIT	E	AUG		3	72 YR	MONTHS DAYS	HOURS MIN.		
2	-	RTHPLACE (STATE OR F	OREIGN	76. CITIZEN OF	WHAT COUNTR	V2 8		9	BALTIMORE CITY OR COUN				
13	2A	UDSDALE 1	OA.	U.S.A.		WIDOWE	D NEVER MARRIED		WASH, C	0.	MD.		
2	}0 CI	TY OR TOWN OF DEA	TH		OSPITAL, NUR		R OTHER INSTITUTION		W USUAL OCCUPATION		F BUSINESS OR		
1	HI	96ERSTOU	W	WASH. C	0. HOS	PITAL	,		•				
71	III S		136 COUN		13c. CITY OR TO	NWO .	134 INSIDE CITY LIMIT		STREET ADDRESS / ZIP CO		122		
2		YD.	WA.	5/4.	CLEARS	SPRING	YES NO		RT. 1 BOX151	CLEAR	SPRING		
11	/	THER'S NAME		MIDDLE	LAST	21011	15 MOTHER'S MAIDE	N NAME	WIDDIE	LAS	7		
U	_	HARLES VAS DECEASED EVER	INI II S A D	MED EODCES2	166 SOCIAL SE	CURITYNO	MAR!		ADDRESS	DE.	AN		
		(ES NO OR UNKNOWN)		E WAR OR DATES)	TO SOCIAL SE	CORITINO.	MR.STANCE	W H	ALTEMAN RT	BOY 15	SPRING. A		
1		18 CAUSE OF DEAT	H :Enter an	ly one cause per	line for (o), (b).	ond (c)					IMATE INTERVAL ONSET AND DEATH		
	9	PART I. DEATH W		D BY:	evel	val V	ascular	- au	cadent	1	lir		
					R AS A CONSEC	DUENCE OF		1					
		Conditions, if any, which (b)											
		gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF											
		underlying cause	last.	(c)_									
	~	PART 2 OTHER SIGN	IFICANI O	ONDITIONS CO	NTRIBUTING T	O DEATH BUT	NOT RELATED TO THE	TERMINA	AL DISEASE OR CONDITION	GIVEN IN PART 1	0 11 4		
	100	THE DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 A YES [210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTITLE)								disease	Hyperter		
1	ICA	190 DATE OF OPERAT	ION	196 CONDI	TION FOR WHI	CH OPERATIO	N WAS PERFORMED		200 AUTOPSY? 206. IF YES, WERE FINDING USED IN CERTIFYING CAUSES OF DEATH?				
-	RTI			2 20 2015 2	P 15 4 14 4 15 4		Va. Hawanana		YES NO	YES 🗌	NO 🗌		
9		OR CONTRIBUTING	-	TH HOUR A.	M. MONTH	DAY YEAR	ZIC HOW INJURY OF	CCURRED	ENTER NATURE OF INJURY IN ITEM	IB PART (OR PART 2)			
71	WEDICAL	(IF EITHER NOTIFY MEDIC	CAL EXAMINER)P./		19	AV . OCATION						
	MED	21d INJURY OCCURE		21e. PLACE (DE INJURY EET, FACTORY, OFFIC	E FARM, ETC)	211 LOCATION STREET		CITY OR TOWN	COUNTY	STATE		
		AT WORK NOT WH			1 - 11	-	100	en	9/15	04			
	9	22a.I certify that (1)		fall affended the	5 85 19	,	nd that in (my) (aur) ap	inian dea	ath occurred on the date and l		tha (i) (we) last		
М		above, (I) (we) (c	lid (did na	tiview the body	after death		DEGREE -			22c DATE			
		1208 8	1/1	(1	sho	10	MA ATTENDI	NG I	MEDICAL STAFF	9/	11/00		
1		77H. PHYSICIAN S	ME IIII	CCC-2	PHYSICIAN D			AN LAI	DIRECTOR PHYSICIAN		10/33		
		180	61.	(A)	MPBE	2/1	Na	se	nslows	1 Mic	1.		
	23a B	URIAL, CREMATION,	REMOVAL	23b. DATE	23	NAME OF C	EMETERY OR CREMAT	SAY	23d LOCATION				
	1	BURIAL	-361	19-18-	85 7	REIFF	CEME TAI	24	HAGERSTONI	U WASA	· MD.		
	29 40	INERAL DIRECTOR	/	-/	ADDRES	c	250	DATER		SISTRAR'S SITE	Birds .		
4	1	Towald)	1	Benta	Ri	ICLE	ARSPRINE	SEP	1010	and the same of			
		-	-	-				-	1 - 6	-	and the second		

DHMH - 16 60M 7/84



044	1-	FOR STATE T 2		STATE OF MARYLAND MENT OF HEALTH AND MENTAL	HYGIENES 5	26173
041		REGISTRAR LILA OM		CERTIFICATE OF DEATH	REG. NO.	
G. C.		CEASED NAME FIRST	MIDDLE OMEGO	Hebb	20. DATE OF DEATH MON	DAY YEAR 26 HOUR 21 PS 11 A M
	3 SE)		4 RACE White	5. DATE OF BIRTH MONTH DAY YEAR 11 27 8	6 AGE (IN YEARS LAST BIRTHDAY	FUNDER LYEAR OF UNDER 24 HRS. MONTHS DATS HOURS MIN. YRS.
26	7a BI	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?		- 9 BALTIMORE CITY OR CO	
1		Maryland	U.S.A.	WIDOWED DIVORCED	□ Washington	County MD.
1		Hagerstown		NG HOME OR OTHER INSTITUTION		IXING LIFE) 12b. KIND OF BUSINESS OR
>	13a S	aryland Was	ROTHER INSTITUTION GIVE RESIDENCE BEFOR NTY 13c CITY OR TOV hington Hager	Stown YES X NO	201 East Fi	CODE 21740 ranklin Street
		THER'S NAME Henry	M. Swa			Wilson
	()	VAS DECEASED EVER IN U.S. AF	VE WAR OR DATES)		. Hebb Hager:	aramount Terrac stown, Md. 2174
		PART I. DEATH WAS CAUSE	nly one couse per line for (o), (b), or ED BY TE C AUSE (o)		rsl_	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c)	Congelini JENCE OF	Hoar Jai'	lex
	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE	terminal disease or condition	ON GIVEN IN PART 110
	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		LIFYES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO
		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH D	YEAR 19	CURRED (ENTER NATURE OF INJURY IN I	TEM 18 PART (OR PART 2)
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE ALL WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE	FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
7		sow the deceased alive or	ital) attended the deceased from. 19 19) view the body after death.	, and that in (my) (our) opi	nion death accurred on the date o	nd hour and from the couses stated
		27b. SIGNATURE	steel 4		IG MEDICAL STAFF IN DIRECTOR PHYSICIAN	22¢ DATE SIGNED 9/21/85
		ABDUL L	AHRED UP	22e ADDRESS		1+AG, MD21740
		URIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATO		sburg Wash Md.

Hagerstown, Mq 16 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

A.K. Coffman Funeral Homers, Inc.

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Line Orego Hebb I

Madeinstown | Colton Villa Lurelan Carter Housewille

A. R. Cof Statu Put ere | Done Inc.

Cresarion | 1-37-15 Emithshure Openatorius Asithabure Mash wild.

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TOTAL Manuscript of Manuscript

The State of State of

- STATE

Maryland

14 FATHER'S NAME

Henry

3. SEX

1 DECEASED NAME LITYPE OR PRINTS

REGISTRAR

male

To BIRTHPLACE ISTATE OR FOREIGN

CERTIFICATE OF DEATH

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Holzapfel, 3rd

5 DATE OF BIRTH

REG. NO 20 DATE OF DEATH MONTH September 17, 1985 4:00 dem 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYEAR December 12, 1906 78 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED A NEVER MARRIED Washington 12a USUAL OCCUPATION 17h KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE attorney

COUNTRY Maryland USA 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

Henry

1302 The Terrace Hagerstown USUAL RESIDENCE HE HURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE
1136. CUTY OR TOWN

white

4. RACE

NMN

Th CITIZEN OF WHAT COUNTRY?

Washington Hagerstown

Holzapfel, Jr. 166 SOCIAL SECURITY NO

Julia 17 INFORMANT

DIVORCED

15 MOTHER'S MAIDEN NAME

Mary Louise Holzapfel, Hagerstown, Md.

13 e.STREET ADDRESS / ZIP CODE

1302 The Terrace

	18. CAUSE OF DEATH (Enter only one couse per line for the line of the Myorandial Infarction PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 30 Munice
	Conditions, if ony, which gave rise to immediate couse 10), stating the DUE TO, OR AS A CONSEQUENCE OF	
NO	PART 2 OTHERS THEICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE LERMINAL DISEASE OR CONDIT	ION GIVEN IN PART 1:0

ZII LOCATION

190 DATE OF OPERATION

716 ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)

NOT WHILE

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

716 TIME OF INJURY

AT HOME STREET FACTORY OFFICE FARM ETC.)

HOUR A.M.

PM 21e. PLACE OF INJURY

196 CONDITION FOR WHICH OPERATION WAS PERFORMED.

MONTH DAY YEAR

216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

NO

CITY OR TOWN

20a AUTOPSY?

20b. IF YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH?

STATE

21740

McClave

(our) opinion death occurred on the date and hour and from the

77h SIGNATI 22d PHYSICIA

23c. NAME OF CEMETERY OR CREMATORY

and that in

DEGREE

DIRECTOR PHYSICIAN

23a. BURIAL, CREMATION, REMOVAL burial

Sept. 20, 1985 Rest Haven Cemetery 24 FUNERAL DIRECTOR MINNICH FUNERAL HOME

415 E. Wilson Blvd., Hagerstown, Md. 21740

Hagerstown, Wash., Maryland

DHMH - 16 50M 4/83 (VRA 15, 4)

MPORTANT

Arith Hopembal Interesting Patienter Gelt James of The Bones 1/4/8 / 1/4/8 / 1/4/8 / 1/4/8 / 1/4/8 / 1/4/8 FOR

REGISTRAR

- STATE

STATE OF MARYLAND DEPARTMENT OF HE CERTIFI

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	C	Δ	TE	OF	DEATH		

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REG. NO

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moduli	or rem		afic eve	
MOVE	1. of Health and Mental Hygiene priar ta buriol, cremotian, or removal.		traum	
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nen pi	ta burn		D Yull	
STEMIT.	prior .		s ony is	
DISHE D	lygieni		8 shaw	
Jrigi-Ir	lental h		Hem I	
The Di	and N		ked or	
nse as	Heolth		IS Mar	
d To	t. of		m 21	

DIRECTOR

PRESTON ST.,

FUNERAL PORTANT BP.

	23b DATE	
Burial	Sept.	27,
4 FUNERAL DIRECTOR MINNT	CH FUN	RAT.

23c NAME OF CEMETERY OR CREMATORY 1985 Rose Hill Cemetery

23d LOCATION

Hagerstown, Washington, Md.

415 E. Wilson Blvd. Hagerstown, Md. 21740

2a. DATE OF DEATH DECEASED NAME MONTH 26 HOUR (TYPE OR PRINT) wrence ALFRED 6. AGE (IN YEARS LAST BIRTHDAY) 3. SEX 5. DATE OF BIRTH HINOM May 20, 1932 53 YRS 76. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH Ta. BIRTHPLACE ISTATE OF FOREIGN MARRIED X NEVER MARRIED Hagerstown, Md. U.S.A. Washington WIDOWED O CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Washington County Hospital Auto Sales Hagerstown Owner USUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13g STATE 136. COUNTY 13e STREET ADDRESS / ZIP CODE 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? Maryland Washington 20 Pin Oak Terrace Hagerstown YES | 15. MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDLE Hose Catherine Jacobs Lawrence 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT 20 Pin A Oak Terrace (YES, NO OR UNKNOWN)
Yes (IF YES GIVE WAR OR DATES) 220-28-2876 Barbara Hose Hagerstown, Md. 956-1958 APPROXIMATE INTERVA 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and ic PART I. DEATH WAS CAUSED BY vew touccow, IMMEDIATE CAUSE (o) DUE TO, OR AS & CONSEQUENCE OF ARTECUOSCUEDOTIC HEART Conditions, if any, which gove rise to immediate couse (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 90 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF YES T NO 21a ACCIDENT WAS UNDERLYING 716. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 19 P.M. 21d. INJURY OCCURRED 211. LOCATION 21e PLACE OF INJURY CITY OR TOWN COUNTY AT HOME STREET, FACTORY OFFICE FARM ETC) STREET NOT WHILE WHILE 22a. | certify that (I) (this hospital) attended the deceased from sow the deceased alive on above, (I) (yet (did) (did not) view the body after death and that in (my) (our) opinion deoth occurred on the date and hour and from the causes stated 22b. SIGNATURE 22c DATE SIGNED DEGREE 9-24-8 ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS

DHMH - 16 60M 7/84 (VRA 15, 4)

asoavat Land Committee Trade a managemental Committee of the and the second

mpletely filled in by the funeral director, page 3 and 2 should be filed within 72 hours ofter death

STATE OF MARYLAND

MINNICH FUNERAL HOME

415 East Wilson Blvd., Hagerstown, Maryland 21740

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR'S SIGNATURE

	1 -	STATE REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	10.		i
1		CEASED NAME	FIRST	٨	MIDDLE	L	AST	20. DATE OF DEATH	MONIH	DAY YEAR	26 HOUR
	LITTE	OR PRINT)	George	е На	rtley	HOV	VARD	Septembe	r 14,	1985	9145
	3 SEX	(4. RACE	100	5. DATE C		6 AGE (IN YEARS LAST BI	(YADHT)	IF UNDER I YEAR	IF UNDER 24 HR
		male		whi	te	Decer	nber 12, 1896	8	8 YRS	MONTHS DAYS	HOURS MI
N	7a. BIF	RTHPLACE (STATE	OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	D X NEVER MARRIED	9 BALTIMORE CITY		Y OF DEATH	
6		aryland		U.S	. A .	WIDOWE		Washin	gton		٨
		TY OR TOWN OF	DEATH	11. NAME OF	HOSPITAL, NURSIN	IG HOME C	OR OTHER INSTITUTION	12a USUAL OCCUPAT	ION	12b. KIND (OF BUSINESS C
2		agerstow					ng Center	engineer		ife) INDUSTRY rail	road
5	13a. S	AL RESIDENCE (IF I	136 COU		GIVE RESIDENCE BEFORE 134 CITY OR TOWN Funkstow	N	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 4 North W	est S	ide Ave	nue ²¹⁷⁴
0	14 FA	THER'S NAME		MIDDLE	LAST		15 MOTHER'S MAIDEN NAM	ME	The same		ct
4		Charles		E.	Howar	cd	Elizabeth			Gros	h
1		AS DECEASED E			165 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDR	ESS		
	(4	no or unknown	(IF YES, GY	VE WAR OR DATES)	716-10-1	098	Mrs. Anna M.	Barber, F	unkst	own, Ma	ryland
		18 CAUSE OF DE	ATH (Enter or	nly one couse per	life for (o), (b) one						ONSET AND DEAT
		PART I. DEATI	H WAS CAUSE	D BY:	C.V.	VT,					011301111111111111111111111111111111111
		THE PAR	IMMEDIA	TE CAUSE (a)	Nort.	· As	1. 1	1- 11			
		6 100		DUE TO, OI	R AS A EDING HOUSE	WOEDPC	work Nes	WY ALL	all	M	
		Conditions, it a	immediate			/-	1 1	70			
		cause (a), st underlying co	ating the use lost.	DUE TO, C	KAS JEON POUR	NEGREU	votition				
				(c) 1	V 0-						
	Z O	PART 2. OTHER S	MILITARITA	W 19	WITH STATE	The same	OF RELATED TO THE TERM	INAL DISEASE OR COM	IDITION G	IVEN IN PART 1	la:
7	CATION	190 DATE OF OPE	RATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?		S, WERE FINDI	
4	TIFIC	E STATE OF						YES T NOTE	1	IFYING CAUSES	NO
0	CERTIFI	21a. ACCIDENT WAS	UNDERLYING	216. TIME O			21c HOW INJURY OCCURR	RED (ENTER NATURE OF INJ	JRY IN ITEM 18	PART 1 OR PART 2)	
7	AL	OR CONTRIBUTING	_	Ain	M. MONTH DA	YEAR					
	MEDICAL	21d INJURY OCC		21e. PLACE		17	211. LOCATION				
	ME	WHILE NO	T WHILE	(AT HOME, STR	REET, FACTORY, OFFICE F	ARM ETC)	STREET	CITY OR TO)WN	COUNTY	STATE
		AT WORK - AT	WORK L	ital) attended th	e degeosed fram	10-10	1054	Sens	14	10 06	that (1) (we) la
	66		eased alive ar	//	19 5	54.0	nd that in (my) (aur) apinian o	teath accurred on the d	ate and ha		
6		abave, (I) (w 22b SIGNATURE	e) (did) (did no	at) view the body	after death.		DEGREE		-	22c. DATE	
		AD1	m)	John	stern	Wil	ATTENDING .	MEDICAL STA		9/1	6/8
1		22d PHYSICIAN'S	NAME (TYPE	ORPRINT)	VENS	TF	22e ADDRESS	YKSYO	wi	2 MX	>
	23 n R	URIAL, CREMATIC	N REMOVAL	23b. DATE	123, N	JAME OF C	EMETERY OR CREMATORY	123d LOCATION			
	(SPECIFY) burial	,				Haven Cemetery	CITY OR TOWN	wn. W	ash Ma	rvland

DHMH - 16 50M 1/B1 (VRA 15, 4)

BP.

IMPORTANT: If Hem 21 is marked ar Item 18 shows are should be detached for use as the burial-transit permi with the State Dept. of Health and Mental Hygiene pri TO FUNERAL DIRECTOR: After this certificate has b

24 FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

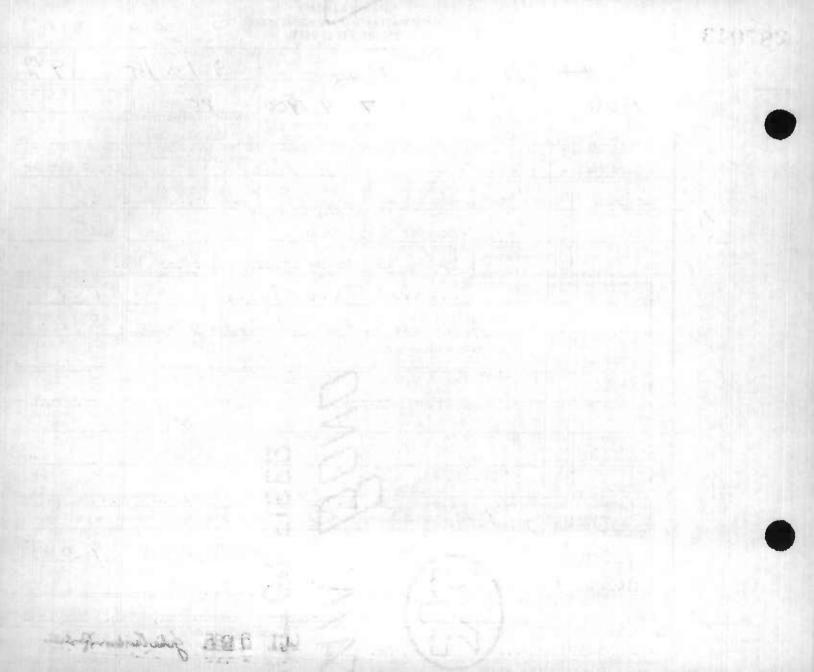
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS CERTIFICATE OF DEATH

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_		112 0 10 1111								REG. NC				
		EASED NAME	FIRST	^ /	AIDDLE Willi	am '	STANE	YER	20 DATE O	F DEATH /	AONTH	DAY YEAR	Zh HC	UR YO
		E	tr (- Caren	ce	IH	nelper	_	9	/30	181		Z	AM
	3. SEX	100 1		4 RACE Whit		5 DATE C		YEAR	6. AGE (IN	YEARS LAST BIRTI		MONTHS DATE		ER 24 HRS
-	115	Male		WILL	e	5	7 4	1800		85	YRS			
6		RTHPLACE (STATE OR F	OREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MAPPIE	D NEVER	MARRIED 🔀	9 BALTIMO	RE CITY OF	COUNTY	OF DEATH		
-		Maryla	nd	USA		WIDOWE		NORCED [Wa	shing	ton			MD.
1	10. ⊂1	TY OR TOWN OF DEA	TH		OSPITAL, NURSIN		OR OTHER INS	NOITUTION		OCCUPATION FOR MOST OF		12b. KIND INDUSTR		VESS OR
	Н	agerstown		Colton		ADDRESS			I III COI WO	IN FOR MOST OF		truck		mer
1	USUA 13a S	L RESIDENCE (# NURS	ING HOME OF		GIVE RESIDENCE BEFOR		A 124 INISIDE	CITY LIMITS?	13. STREET	ADDRESS /	ZIP CODE	2	17	40
-		aryland		nington	Hagers		YES 🗌	NO 🗌	13e STREET 1600	Jeffe	rson	Blvd.	, ,	, ,
	14 FA	THER'S NAME		MIDDLE	LAST		15. MOTHER	S MAIDEN NA	WE	MIDDLE			AST	
		Clyde		WIDDLE	Itneye	r	Lu1	FIRST		WIDDIE		Neff	ASI	
		AS DECEASED EVER			166 SOCIAL SECT	URITY NO.	17 INFORM	ANT		ADDRE:	55			
	Ŋ	ES, NO OR UNKNOWN)	(IF YES, GIV	/E WAR OR DATES)	219-36-	4545	Nell:	le Lytto	n, Ha	gersto	wn, M	ſd.		
		18 CAUSE OF DEAT	H (Enter ar	nly one cause per	line for (a), (b) or	nd (c).)	-T.	1				BETWEE	DXIMATE IN	TERVAL ND DEATH
		PART I. DEATH W		TE CAUSE (a)	Cereb	r2 ((hr	our bo	212	88-12		1	YY	
				DUE TO, OF	AS A CONSEQU	ENCE OF	,	0 (-		
		Conditions, if any,		((6)	rterio	scle	rotie	Carden	222613	r Dise	15C	2	XXZ	•
		gove rise to imm couse (a), statin	g the	DUE TO, OF	R AS A CONSEOU	ENCE OF								
		underlying cause	last.	(c)										
	7	PART 2. OTHER SIGN	VIFICANT (CONDITIONS CO	NTRIBUTING TO	DEATH BUT	NOT RELATE	D TO THE TERM	IN AL DISEAS	E OR COND	ITION GIV	EN IN PART	la	
	PICATION			Ton control				0.0.1.50	1.00	0.05.43	aas IF VEC	WEDE SINIE	200000	
	2	190 DATE OF OPERA	TION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERF	ORMED	200 AUT	OPSY?		YING CAUSE		
9									YES 🗌	NO	YE		NO	
6	Ü	21a. ACCIDENT WAS UNE	_	216. TIME O	K. MONTH D	AY YEAR	ZIE HOW I	NJURY OCCURE	RED (ENTERN.	ATURE OF INJUR	F IN ITEM 18 P	ART 1 OR PART 2		
1	CA	(IF EITHER, NOTIFY MEDI	CALEXAMINE	R) P./		19	130							
1	WEDIC	21d INJURY OCCUR		21e. PLACE (OF INJURY EET, FACTORY, OFFICE,	FARM EIC }	21f. LOCAT			CITY OR TOV	/N	COUNTY		STATE
		AT WORK AT WO	RK L							- (1	7 -1			
		220 I certify that (I) saw the decease	(this hosp	ital) oftended the	deceased from.	85		Dour) apinion of	, to		30	1985	., that (1)	
		above ((I)/we) (c	did) (did no	at View the bady	ofter death.		_	(Jour) apinion (aeain accurre	ed an the da	re and hav			
		226. SIGNATURE	2	-11		7	DEGREE	ATTENDING	MEDICAL	STAF	F	776 DAI	E SIGNE	2
1		Chon	(0)	7 He	2 M.Z		122e ADDRE	PHYSICIAN E	DIRECTOR			7-	30 -	85
		22d PHYSICIAN'S N			44 7			11 1	44.	1				
		Charles			M-D.			thisbur)				
		URIAL, CREMATION,	REMOVAL					CREMATORY		ORTOWN		COUNTY		STATE.
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	# 24 CI	INTERNAL DIRECTORY	ENTRY OF	A CITICATURE TO	T TTONETT			1750 DAT	E DEC'D DV	DEC'ICTD A DM	TEN DEC IGN	DAD'C CIONI	ATLINE	

DHMH - 16 50M 4/83

FUNERAL DIRECTORMINNICH FUNERAL HOME ADDRESS 415 E. Wilson Blvd., Hagerstown, Md. 21740 (VRA 15, 4)



(VRA 15, 4)

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274137	1 - FOR STATE REGISTRAREROY	DEPA CHARLES KANE	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENG 5	26179
nay be page 3 r death	1 DECEASED NAME	Ray Charle	S KANE	20. DATE OF DEATH	7-17-85 8 P M
mo)	3. SEX	4 RACE	5. DATE OF BIRTH	6 AGE IN YEARS LAST BIRT	
# 000/	Male	White	Feb. 20°, 1914	71	YRS DATS HOURS MIN,
1/6	70 BIRTHPLACE (STATE OR FOREI COUNTRY) Pennsylvania		RY? 8 MARRIED X NEVER MARRIED WIDOWED DIVORCED		COUNTY OF DEATH
1/4	IN CITY OR TOWN OF DEATH Hagerstown	11. NAME OF HOSPITAL, NUR	SING HOME OR OTHER INSTITUTION PEET ADDRESS) County Hospital	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST O Watchman	F WORKING LIFE) INDUSTRY
135	130 STATE 13b	OME OR OTHER INSTITUTION GIVE RESIDENCE BE COUNTY 13c CITY OR TO Washington Hage	OWN 134 INSIDE CITY LIMITS?	13. STREET ADDRESS / East V	ZIP CODE 21740 Vashington Street
10/1	14 FATHER'S NAME FIRST Charles	MIDDLE Kane	IS MOTHER'S MAIDEN NA FIRST Trene	WE	Houpt
1	160 WAS DECEASED EVER IN L (YES, NO OR UNKNOWN) LIF	YES, GIVE WAR OR DATES)	ecurity no. 17 informant 0-0388 Pauline A.		ast Washington St
law requires that the is been signed by the ermit. Then please rem e prior to buriol, crems sony injury, or ather the	PART 2 OTHER SIGNIFIC 190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLY	the DUE TO, OR AS A CONSEI	QUENCE OF OTTO THE TERM ICH OPERATION WAS PERFORMED	AINAL DISEASE OR CONI	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
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fter this cer os the burion h and Men orked or the	CITE EITHER, NOTIFY MEDICALS 21d INJURY OCCURRED WHILE NOTIFYHILE AT WORK	21e PLACE OF INJURY	211 LOCATION	CITY OR TO	WN COUNTY STATE
spriol or CTOR: A I for use of Heolisms		hospitol) attended the deceased fro live an10 did not view the body after death.	m, 19 9, and that in (my) (our) opinion	death occurred on the do	, 19, that (1) (we) last the and hour and from the couses stated
y the ho	22b. SIGNATURE). 04 - faul	DEGREE ATTENDING PHYSICIAN [MEDICAL STAF	
retoined by the TO FUNERAL should be deto	ABDUL	MAHEED me	22e ADDRESS 16/0 OAK	14:1(AVE	E. 14AG. MD 21740
5 - 4 - 5	230 BURIAL, CREMATION, REM		30 NAME OF CEMETERY OR CREMATORY	23d. LOCATION	COUNTY STATE
_	Burial				town, Washington, Mo
MH - 16 60M 7/B4 (VRA 15, 4)	24 FUNERAL DIRECTOR	Ha ADDRESS HOME	gerscown, Ma.	3 1985	25b REGISTRAR'S SIGNATURE

C74437 MERCY CHARLES ROME

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FOR STATE 269060

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEND CEPTIFIC ATE OF DEATH

REGISTRAR				CERTIN	TEATE OF BEATTI		REG. NO.				
DECEASED NAME	FIRST		MIDDLE		LAST	2a. DATE OF	DEATH MON	NTH DAY	Y YEAR	2b. HOU	R
TYPE OR PRINT)	Lloyd		н.		LEWIS				10,198	1-	N
SEX		4. RACE		5. DATE O		6 AGE INYE	ARS LAST BIRTHDA		UNDER I YEAR	IF UNDER	24 HRS MIN.
male		wh:	ite	OC		71	1.3	YRS	- VAVS	HOURS	Willia.
COUNTRYL STATE	OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIED	9 BALTIMOR	E CITY OR C	OUNTYO	FDEATH		
Maryland		U.	S.A	WIDOW		W	ashing	ton			ME
CITY OR TOWN OF	DEATH	11. NAME OF	HOSPITAL, NURSIN		OR OTHER INSTITUTION	12a USUAL O			12b. KIND C	F BUSINE	
Hagerstow		57 W.	Franklin	St.			aborer		Cons	truct	ion
HAL RESIDENCE IF	136. COL	INTY	135 CITY OR TOW	N	13d. INSIDE CITY LIMITS?	13 STREET A					
Md.	Was	n.	Hagersto	own	YES X NO	57 W	. Fank	lin S	it.	21740)
FATHER'S NAME		WIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME	WIDDIE		LAS		
Charles		E	Lewis		Etta		I.		Tra		
e WAS DECEASED E			166 SOCIAL SECU	RITY NO.	17 INFORMANT		ADDRESS		110	CCy	
(YES, NO OR UNKNOWN	I) I IF YES, G	IVE WAR OR DATES)	218-05-1	4776	Mr. Nevin K.	. Lewis	Cav	etown	Md.		
18 CAUSE OF D	EATH (Enter o	only ane cause pe	r line far (a), (b), and	d (c).)	•	-			BETWEEN	MATE INTER	VAL DE ATH
	H WAS CAUS	ED BY:	au		uneratore a	arrest			m		
	IMMEDIA	ATE CAUSE (a)						~			
		DUE TO, C	OR AS A CONSEQUE	NCE OF	Extructive of	ulnon	ne de		6	140	
Conditions, if		(b)_	Coun	u o	operaceise ().	uesto n	ory or	reall	- 7	,	
gove rise to cause (a), s		S DUE TO C	OR AS A CONSEQUE	NICE OF			0				
underlying co		100210,0	AS A CONSEGUE	11100							
DART 2 OTHER	E ICADEIC ANIT	(0)	ONTRIBUTING TO F	SEATH BUT	NOT RELATED TO THE TERM	ADA DISEASE	OR COMPLET	ONI CIVEN	LINI DADT 1		
	3 ION IF IC AIN I	COMPINONS			rale	MINAL DISEASE	OK CONDIT	ON GIVEN	CINTARLII	ū.	
		Torri de la	0			To accept	ncius Ind	u in when a	WE DE SINION	10011	
190 DATE OF OP	ERATION	196 CONE	DITION FOR WHICH	OPERATIO	ON WAS PERFORMED	20a AUTO			WERE FINDING CAUSES		
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210. ACCIDENT WA		110110 4	OF INJURY	VE.6	21c HOW INJURY OCCURE	RED (ENTER NATI	URE OF INJURY IN	ITEM 18 PART	I OR PART 2}		
OR CONTRIBUTING		EATH		YEAR							
(IF EITHER, NOTIFY			OF INJURY	19	211 LOCATION						
4	OT WHILE		TREET, FACTORY, OFFICE, F	ARM, ETC }	STREET		CITY OR TOWN		COUNTY	5	TATE
AT WORK	I WORK										
220.1 certify tha	t (1) (this has		he deceased Iram_	4	rel 19.65		Sept	, 19	84	that (I) (v	ve) las
	eased olive o		/ 9_	80 . 0	nd that in (my) (pur) apinian (death occurred	an the date	and have a	ind fram the	causes ste	ated
22b. SIGNATURE		not) view the bod	y after deoth.		DEGREE	_			22c DATE	SIGNED	
	/	2.11	01		MA ATTENDING	_ MEDICAL _	STAFF	-		t.13	148
	edn't		70	14.5	PHYSICIAN L	DIRECTOR	PHYSICIAN	1	040		
22d. PHYSICIAN	S NAME (TYPE	OR PRINT)			22e ADDRESS						
	MADALA	n Thir	OU TO 11	0	138 E. An	tietam	Hagor	istour	1. Md.	217	40
BURIAL, CREMATE	HAROLD			JAME OF	CEMETERY OR CREMATORY	23d. LOCAT					
(SPECIFY) Crem		Sept.	11.85 Sn		hurg Crematory		RIOWN DS DUTTE	Wash	TINOS	S	TATE

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been

and Mental Hygiene prior to burial, cremation, or removal

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injury, ar other troumatic

IMPORTANT: If Item 21 is morked or Item should be detached for use as the buwith the State Dept. of Health and M

24 FUNERAL DIRECTOR

Funeral Home

ORDER

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AND DESCRIPTION OF A PROPERTY OF THE PROPERTY

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Male white dan. 6, 1959 25

Tos Marles. Cu. U. B. P.

Stryland Eshington Sconsbire A dis. 3 Son 10 21713

John Hoor Ting Sebry Jene .com
218-61-6555 John H. Ling, Sconsbore, Elving

Grematics 9-3-65 Salamburg Grematory Smithsburg, Mach. Co., Md.

John H. Jast, Jr. Boomsouro, M. 2171E

SEP 4

McCully Funeral Home 2871

DIVISION OF VITAL RECORDS,

DHMH - 16 50M 4/B3

(VRA 15, 4)

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The state of the s

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

STATE REGISTRAR DECEASED NAME

CERTIFICATE OF DEATH

REG. NO

20 DATE OF DEATH MONTH

26 HOUR 6

AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYEAR

BALTIMORE CITY OR COUNTY OF DEATH

INDUSTRY

Aide Nurseing Hm.

3. STREET ADDRESS / ZIP CODE Wash. St. 21 Alexander House -

Wilson

ADDRESHag. Md.

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2)

COUNT CITY OR TOWN

and that in (my) (aur) apinian death accurred an the date and have and Iram the causes stated

PHYSICIAN DIRECTOR PHYSICIAN

Rest Haven Cemetery Hagerstown Wash 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGN 24 FUNERAL DIRECTOR 305 N. Potomac St.

N. Minnich Hagerstown, Maryland

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STATE

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DHMH - 16 60M 7/84 (VRA 15, 4)

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Sept.

MINNICH FUNERAL HOME

5 E. Wilson Blvd. Hagerstown Maryland 21740

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIEND

CERTIFICATE OF DEATH

23¢ NAME OF CEMETERY OR CREMATORY

FUNERAL MPORTANT should b 0 DHMH - 16 60M 7/84 (VRA 15, 4)

230 BURIAL CREMATION, REMOVAL |SPECIFY| burial

24 FUNERAL DIRECTOR

269121

- STATE

REGISTRAR

DECEASED NAME

Green Hill Cemetery Waynesboro Pennsylvania 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE Trina waydson- gandelle

YES

REG. NO 20 DATE OF DEATH MONTH

IF UNDER 1 YEAR

INDUSTRY

12h KIND OF BUSINESS OR

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22c. DATE SIGNED

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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1	10. CITY OR TOWN OF DE Hagerstown		Washin	gton Co	ounty He	Spital		LOCCUPAT		or Garm	of Business or lent Mfg.
	USUAL RESIDENCE (IF NUR 130 STATE Maryland	136 COUNT		13c CITY OR T	OWN	138 INSIDE CITY LIMITS YES K NO	P.0	ADDRESS Box	402	2173L	
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DHMH - 16 60M 7/84 (VRA 15, 4)

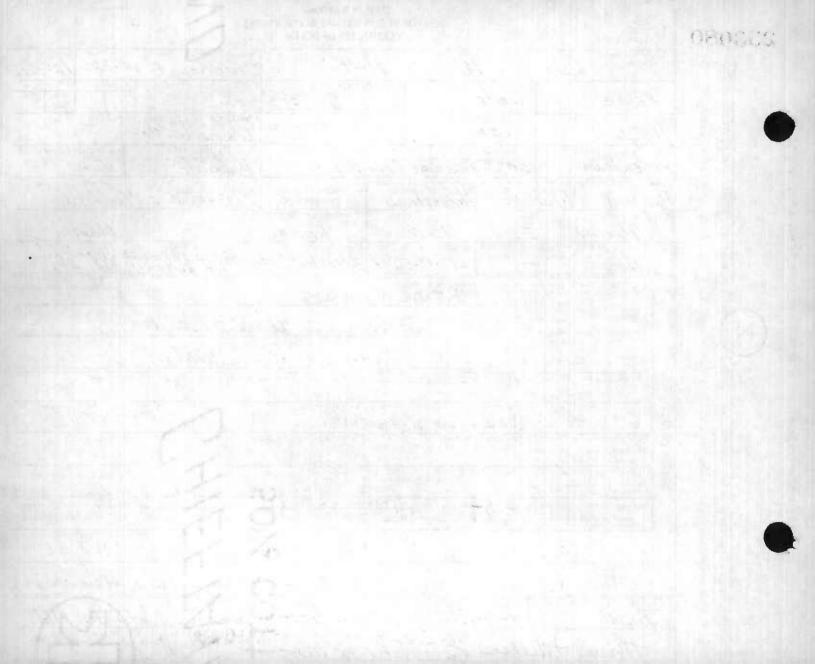
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FOR 1 - STATE

STATE OF MARYLAND DEPARTMENT OF HE

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	ECEASED NAME PE OR PRINT] EX Male BIRTHPLACE ISTATE OR F COUNTRY Marylan CITY OR TOWN OF DE. Hagerstown UAL RESIDENCE (IF NUR ATHER'S NAME FIRST NOAh WAS DECEASED EVER IYES, NO OR UNKNOWN) NO 18 CAUSE OF DEAT PART I. DEATH V Conditions, if ony gove rise to im cause (a), stofin underlying cause PART 2 OTHER SIG 190 DATE OF OPERA 210, ACCIDENT WAS UN OR CONTRIBUTING [(IF ETHER NOTIFY MEDIC 21d. INJURY OCCUR WHILE NOTIFY MEDIC 220.1 certify that (I) SOW the decease	ECEASED NAME PE OR PRINT) Jacob EX Male BIRTHPLACE (STATE OR FOREIGN / OUNTRY) Maryland CITY OR TOWN OF DEATH Jacob CITY OR TOWN OF DEATH JACOUNTRY Maryland CITY OR TOWN OF DEATH JACOUNTRY MASS DECEASED EVER IN U.S. ARM (JEYES, MOOR UNKNOWN) 18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE Conditions, if ony, which gove rise to immediate cause (a). Stofting the underlying cause lost. PART 2 OTHER SIGNIFICANT CO 19a DATE OF OPERATION 21a. 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White JULY A. 1905 80 BIRTHPLACE ISTATE OR FOREIGN COUNTRY. MARRIED NORMER MARRIED WINDOWED DINORCED WAShing WAShing USA CHITCH OPEN CHITY. GIVE STREET ADDRESS WINDOWS FOR MOST OF FARMING STATE FOR MASS OF THE PRINCIPLY OF STREET ADDRESS STATE FOR MASS OF FARMING WAS PROBABLE WAS DECEASED EVER IN U.S. ARMED FORCES? IN MARRIED WAS DECEASED EVER IN U.S. ARMED FORCES? IN MARRIED WAS DECEASED EVER IN U.S. ARMED FORCES? IN MARRIED WAS DECEASED EVER IN U.S. ARMED FORCES? IN MARRIED WAS DECEASED EVER IN U.S. ARMED FORCES? IN MARRIED WAS DECEASED EVER IN U.S. ARMED FORCES? IN MARRIED WAS DECEASED EVER IN U.S. ARMED FORCES? IN MARRIED WAS DECEASED EVER IN U.S. ARMED FORCES? IN MARRIED WAS DECEASED EVER IN U.S. ARMED FORCES? IN MARRIED WAS DECEASED EVER IN U.S. ARMED FORCES? IN MARRIED WAS DECEASED EVER IN U.S. ARMED FORCES? IN MARRIED WAS DECEASED EVER IN U.S. ARMED FORCES? 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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 IMPORTANT: If Hem 21 is morked or Hem 18 shows ony should be detoched for use as the buwith the State Dept. of Health and M TO FUNERAL DIRECTOR: After this BP.

> DHMH - 16 60M 1/75 (VR A 15 (4))

230 BURIAL, CREMATION, REMOVAL (SPECIFY) 23b. DATE 10-3-1985

23c NAME OF CEMETERY OR CREMATORY

23d. LOCATION

COUNTY

STATE

Burial 24 FUNERAL DIRECTOR

Mt.Olive Cemetery

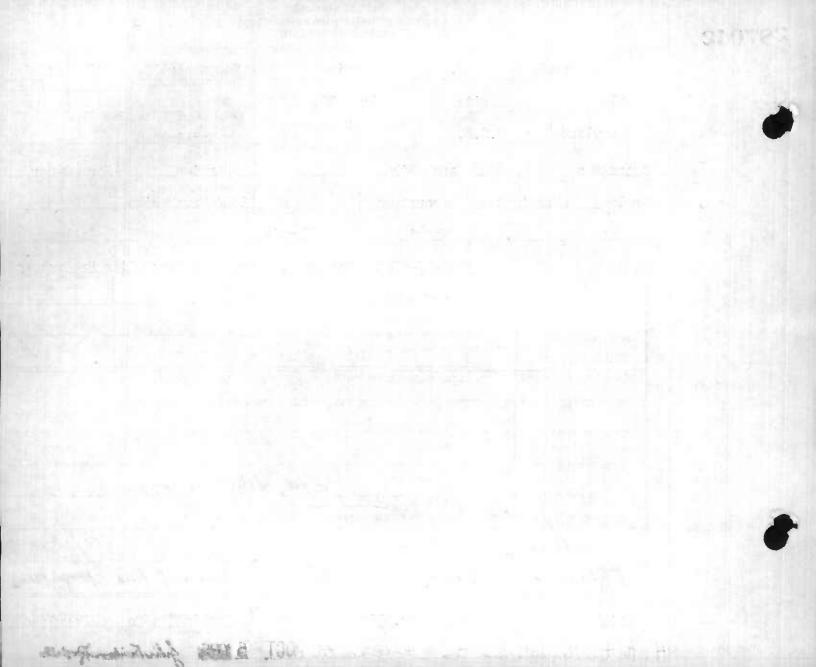
ATTENDING PHYSICIAN

Washington Co CO Maryland

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22e ADDRES

MEDICAL STAFF
DIRECTOR | PHYSICIAN |



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FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

Me o lo man				KEG. N	J.			
I DECEASED NAME FIRST	WIDDLE	ME P	LAST .	20. DATE OF DEATH	HINOM	DAY YEAR	26 HOUR	
Rosani	re (nmi)	McLa	ughlin	THE ENGINEERING	9-1	7-85	705	
1.56X	4 RACE		OF BIRTH	6 AGE (IN YEARS LAST BIR	THDAY)	IF UNDER I YEAR	IF UNDER 24 HRS	
Female	White	June	30 1970	65	YRS	MONTHS DATS	HOURS MIN	
O. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COU	NTRY? 8	D NEVER MARRIED X	9 BALTIMORE CITY O	_	OF DEATH		
"I're land	USA	WIDOWE	DIVORCED	WASHINGTON			N	
Hagers town	Washingoth	County Ho		120 USUAL OCCUPATI	ON IF WORKING LIF	12b. KIND O INDUSTRY Commun	F BUSINESS O	
	r other institution give residence NTY 134. CITY O Boons	RTOWN	13d INSIDE CITY LIMITS? YES NO 🔼	3 McCleTI	zip code an Ave	. 2171	3	
Patrick (n	mî") McL	aughlin	Rose	(nmi)		unkno	bun	
160 WAS DECEASED EVER IN U.S. AI	RMED FORCES? 16b SOCIA	L SECURITY NO.	Ann Pombo	(item 13 al				
Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CON	MINATED ISEQUENCE OF	a denseave in i		vary	9 n	MATE INTERVAL INSET AND DEATH LONTES	
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AT WORK	(AT HOME STREET, FACTORY,	OFFICE, FARM, ETC.)	SINCE!	CHYOKIO		0001411	JINIE	
220 I certify that (1) (this hasp	ital) attended the deceased	_19_ <u>8.</u> T a	nd that in (a) (see) apinian DEGREE	,	17	19 85 , and fram the		
Rechar	d E. Amit		ATTENDING PHYSICIAN	MEDICAL STAI	FF IAN 🗌	9/1	7/85	
22d PHYSICIAN'S NAME (TYPE RICHARD E	Smith, M.	D.	1708 Oak	C HIII Ave	, Ha	gerstow	n, hid.	
230 BURIAL, CREMATION, REMOVAL Cremation	9/18/1985		emetery or crematory Durg Crematori	23d LOCATION CITY OF TOWN	nWash	county	STATE	
Major M.Osborn	e Williams pR		21795 250 DAT	P 1 9 1985	TEN DECICT	RAR SSIGNAT	URS .	

DHMH - 16 60M 7/84 (VRA 15, 4)

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Burial

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STATE OF MARYLAND

	FOR STATE REGISTRAR			IEALTH AND MENTAL HYG	REG. NO.	0 / 0	7
	1 DECEASED NAME (TYPE OR PRINT)	lilbur	L. Y	netz	20 DATE OF DEATH MONTH	19 85 8	HOUR YO AM
1	3. SEX MALE		Si'an Si'an		6. AGE (IN YEARS LAST BIRTHDAY) YRS	MONTHS DAYS HO	URS MIN.
	7a BIRTHPLACE (STATE OR F COUNTRY) Maryland	USA	WIDOW		WAShing to V	7	MD
	Wagerstown OF DEA	n Colton		sing Center	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING)	17b. KIND OF BU INDUSTRY	ISINESS OR
		NG HOME OF OTHER INSTITUTION 13b. COUNTY Washington	GIVE RESIDENCE BEFORE ADMISSION) 13c CITY OR TOWN Hagerstown	13d INSIDE CITY LIMITS?	13. STREET ADDRESS 7 ZIP COD 117 Mt. Atena	Rd. 217	40
	14 FATHER'S NAME FIRST William	Henry	Metz	15. MOTHER'S MAIDEN NAME FIRST MO11y	MIDDLE	olfe	li .
	160 WAS DECEASED EVER (YES, NO OR UNKNOWN)	(IF YES, GIVE WAR OR DATES)	16b SOCIAL SECURITY NO.	17 INFORMANT	Colton Villa		
	yes In CAUSE OF DEAT	WWI H (Enter only one couse per	1212-14-6195	Bertha Metz	Hagerstown,	Md. 21/40 APPROXIMATE BETWEEN ONSE	INTERVAL
	PART 1. DE ATH W		Cordi	ac fre	1	BE I WY EIN O'RISE	AND DEATH
-	Conditions, if any,	which ((b)	R AS A CONSEQUENCE OF	Peris Hea	it Failure		
	couse (a), statin	g the DUETO.O	R AS A CONSEQUENCE OF	Jailere	4		

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES T NO [216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART : OR PART 2) 71a ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL

(IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

22a.1 certify that (1) (this hospital) attended the deceased from, saw the deceased alive on above, (1) (we) (did) (did not view the bady after death and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

226. SIGNATURE DEGREE 22c. DATE SIGNED

??e ADDRESS

MEDICAL ATTENDING STAFF DIRECTOR PHYSICIAN

STATE

NOT WHILE

23a BURIAL, CREMATION, REMOVAL (SPECIFY)

23¢ NAME OF CEMETERY OR CREMATORY

Sept 21,1985 Rest Haven Cemetery

23d LOCATION CITY OR TOWN

Hagerstown Washington Md.

DHMH - 16 60M 7/84 (VRA 15, 4)

Should be detoched for us with the State Dept. of He

24 FUNERAL DIRECTOR FUNERAL HOME

Wilson Blvd. Hagerstown, Md. 21740

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE 269075 CERTIFICATE OF DEATH REGISTRAR REG. NO. In DATE OF DEATH 1. DECEASED NA! (TYPE OR PRINT) MARY R. MILLER 3. SEX 1. RACE DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHWAY) MONTH YFAR FEMALE WHITE 08 1893 JULY BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY U.S.A. MARYLAND WIDOWEDXX DIVORCED | Washington NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 10 CITY OR TOWN OF DEATH 17h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) **INDUSTRY** WESTERN MARYLAND CENTER Hagerstown Homemaker Home USUAL RESIDENCE (IF N) IN MG MOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13e STATE 136 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE 773 Yale Avenue 21229 Maryland Baltimore YES XX NO [14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Gable Charles Rent Mary ADDRESS IAN WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT 212-50-2086 John Jagoda 3642 Clarenell Road No 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (g) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE IO Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse INDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 78e AUTOPSY? 201 IF YES, WERE FINDINGS USED He DATE OF OPERATION 18: CONDITION FOR WHICH OPERATION WAS PERFORMED CERTIFYING CAUSES OF DEATH? P4OI YES [NO F 71s. ACCEPHT WAS UNDERLYING. [71h TIME OF INJURY TIC HOW INJURY OCCURRED (INTERNATURE OF INJURY IN JEW 18 PART I OR PART TO HOUR A.M. MONTH DAY YEAR OF CONTRIBUTING TO CAUSE OF DEATH OF ESTIMEN INCTIFF MEDIC AS EXAMINER. TH LOCATION 714 INJURY OCCURRED JIE PLACE OF INJURY DITY OF TOWN COUNTY STATE LAT HOME STREET PACTORS OFFICE FARM, ETC.) HOT WHILE 22s I certify that & ithis hospital attention nd that in (my) XX opinion death occurred as the bate and hour and from the course stated 275 SIGNATI DEGREE DIRECTOR PHYSICIAN E O FUNER 22e ADDRESS should be 23c. NAME OF CEMETERY OR CREMATORY 23a BURIAL CREMATION, REMOVAL 73b DATE Cem Baltimore Maryland 9/24/85 National Burial Balt. 24 FIJE FRAY MUSE (TOP 25a DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH - 16 50M 4/83 21229 WILKENS HUBBARD FUNERAL HOME, INC. 4107 (VRA 15, 4)



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEND CERTIFICATE OF DEATH

	CEASED NAME OR PRINT)	FIRST Roscoe		MIODIE Lewis		LER	20 DATE OF DE	Se 1. Y	NIH DA	YEAR (985	26 HOL	18 29
3 SEX			RACE White	ite S. DATE OF BIRTH APP'IL 20, 1922			6 AGE (IN YEARS	-	AY) II	UNDER I YEAR	IF UNDER	R 24 HRS
Fi	RIHPLACE (STATEOR COUNTRY) CEDETICK C	o., M	1. U. S		WIDOW		9 BALTIMORE Washi	ngto	COUNTY C	OF DEATH		M
1	ry or town of deagerstown	ATH				Hospital	Machine			12b. KIND C		
Ma Ma	AL RESIDENCE (IF NURS		ngton	Boonsbo	N	13d. INSIDE CITY LIMITS?	13e STREET, ADD	PESS B	IP COPE	21	713	
/	THER'S NAME FIRST Lewis	Dav	AIDDLE VSON	Miller		15. MOTHER'S MAIDEN NA FIRST Bettie		Iren		Mô	ser	
	VAS DECEASED EVER IN U.S. ARMED FORCES (15, NO OR UNKNOWN) (15 YES, GIVE WAR OR DATES)			220-16-		Mrs. P. Lor	raine Mi	1ler	Rfd	. 2 Bo		
	18 CAUSE OF DEAT PART I. DEATH W		y one cause per BY. CAUSE (a)	line far ral, (b), and	1 (c.1	nest				BETWEEN	EAR Y	RVAL
CERTIFICATION	PART 2 OTHER SIGN	VIFICANT C	ONDITIONS CO	itul	EATH BUT	NOT RELATED TO THE TERM	200 AUTOPS	Y? [2	Ob. IF YES,	WERE FIND I	NGS USE	TH?
ICAL	21a. ACCIDENT WAS UNITED TO SECONTRIBUTING TO CONTRIBUTING THE SECOND SE	CALEXAMINER)	P.	M, MONTH DA M. OFINJURY	Y YEAR	216 HOW INJURY OCCUR	RED (ENTER NATURE		NITEM IB PAR			STATE
W	while NOT we at wo 220. I certify that (1) saw the decease above, (1) (we) (i)	(this haspit	S 1 + 20	19 8	14/4	nd that in (my) (our) apinian	, to Jeky	- 20	, 19	f)-	that (1) (:	we) lo
	276 SIGNATURE	and l	v. Do	Han -	>	22e ADDRESS	MEDICAL DIRECTOR	STAFF	v 🗆	Sofe Y		(8)
	Edua		w. Di	House	>	217 N. Westeri	you st	Hose	rstow	u, Md	21	24
23a B	URIAL, CREMATION,	REMOVAL	236 DATE 9-23-8			Creek Cemeter	23d LOCATIC		ook	was sh	Co	STATE

DHMH - 16 60M 7/B4

(VRA 15, 4)

Burial
24 FUNERAL DIRECTOR
John H. Bast, Jr.

Boonsboro, Md. 21713

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE SEP 24 1985

Julia Davidson-Randelle

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Bos	aneri	361018		tim		
	nine Miller. Mid					

Wour F. Bost, dr. Bounebore, Mr. 21/1/2

9-29-05 Seaver treex Concurry Derver Grook, Made, Co., Ma.

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th. Poge 4	ral director 72 hours aft
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24 hour	filled in I
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death ce	attending ove corb tion, or r
at the	by the
requires th	os been signed by the attending physicoremernit. Then please remove corbon payers exprise to buriol, cremotion, or remove
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FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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			27			

	REGISTRAR				CLKIII	ICATE OF DEATH	REG. NO.		
	CEASED NAME FIRST CORPRINT)			rella		AST	20 DATE OF DEATH MONTH	OAT THAT 29 HC	OUR
TITPE	OKPRINI)	FN	A	E.	1	IINER	9	1918516	00
3. SB		70 14	4. RACE		S. DATE C		4. AGE (IN YEARS LAST BIRTHD	DE LINDER) YEAR FUND	68.24
fe	male		white		MONTH	DAY YEAR	,	MONTHS DAYS HOURS	T
					July	, 20, 1910	75 _v	RS.	
7a. BI	IRTHPLACE (STATEORI	FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.	D T NEVER MARRIED	9 BALTIMORE CITY OR COL	INTY OF DEATH	
	ryland		USA		WIDOWE		Washington		
	ITY OR TOWN OF DEA	ATH	11. NAME OF	HOSPITAL, NURSIN	IG HOME C	OR OTHER INSTITUTION	12a. USUAL OCCUPATION	126. KIND OF BUSIN	VES:
Цэ	gerstown		WE CHED	N MARYLAN	ADDRESS)	वचना	type of work for most of working	NG LIFE) INDUSTRY chemical	
	2					ILEK	packing	Chemicai	
13e S	AL RESIDENCE (IF NURS	136 COUN	łTY Y	13c CITY OR TOW		13d INSIDE CITY LIMITS?	13a STREET ADDRESS / ZIP C	COD <u>E</u>	
Ma	ryland	Wash	ington	Hagersto	OW.II	YES 🔼 NO	945 Chestnut	Street 21	.74
14 FA	ATHER'S NAME					15. MOTHER'S MAIDEN NA			
	Charles		MIDDLE	Gearhart	t	Florence	MIDDIE	Grimes	
Ide V	WAS DECEASED EVER	IN U.S. AD	MED FORCES?	16b. SOCIAL SECU		17. INFORMANT	ADDRESS	32 4	
_(YES, NO OR UNKNOWN)		E WAR OR DATES)	214-09-0				W.1	
	No .			214-09-0	7433	Calvin Miner	, Hagerstown,	APPROXIMATE INT	
NOI	PART 2 OTHER SIGN	NIFICANT (CONDITIONS C	ONTRIBUTING TO I	DE ATH BUT	NOT RELATED TO THE TERM	ALDISEASE OR CONDITION	GIVEN IN PARTY	
CERTIFICATION	19a DATE OF OPERA	TION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED		FYES, WERE FINDINGS US ERTIFYING CAUSES OF DE YES \(\bigcap \) NO	ATH:
Ex	21a. ACCIDENT WAS UN	DERLYING T				21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITE		
-	OR CONTRIBUTING			M. MONTH DA					
MEDICAL	THE THER NOTHY MEDI		21e PLACE	M. OF INJURY	19	ZIL LOCATION			
ME	WHILE NOT WE			REET, FACTORY, OFFICE F	ARM, ETC 1	STREET	CITY OR TOWN	COUNTY	STAT
	AT WORK AT WO	RK			11	I/ FI	0/0	C	
	220.1 certify that X				a-41	19 19	. 10	, 19, that Xi	,
	sow the decease above, (I) (XXX)	ed alive on) view the body	olter death.	01	nd that in (my) (XXX opinion	death occurred on the date one	hour and from the causes	stote
4	226 SIGNATURE	,		٨		DEGREE		72s. DATE SIGNE	D
	Roy	hin.	in 11	1	W	ATTENDING PHYSICIAN	MEDICAL STAFF	9/9/	57
	22d. PHYSICIAN'S N	ME (TYPE O	R PRINT)	un !	10.1	220 ADDRESS	J DINECTOR PHISICIAN	11/1/0	-
						1 4 4 4			
	DACE	1161	215 4	1110		West. II	1-1-1-10	+ Hone	, 0
	ROSE	MA	CIE C	HAN		Western N	bryland Co	inter, Hage	25
	KOSE BURIAL, CREMATION, (SPECIFY) 111111	MA	236 DATE			Western V EMETERY OR CREMATORY Hill Cemetery	byland (1)	Wash., Mary	7

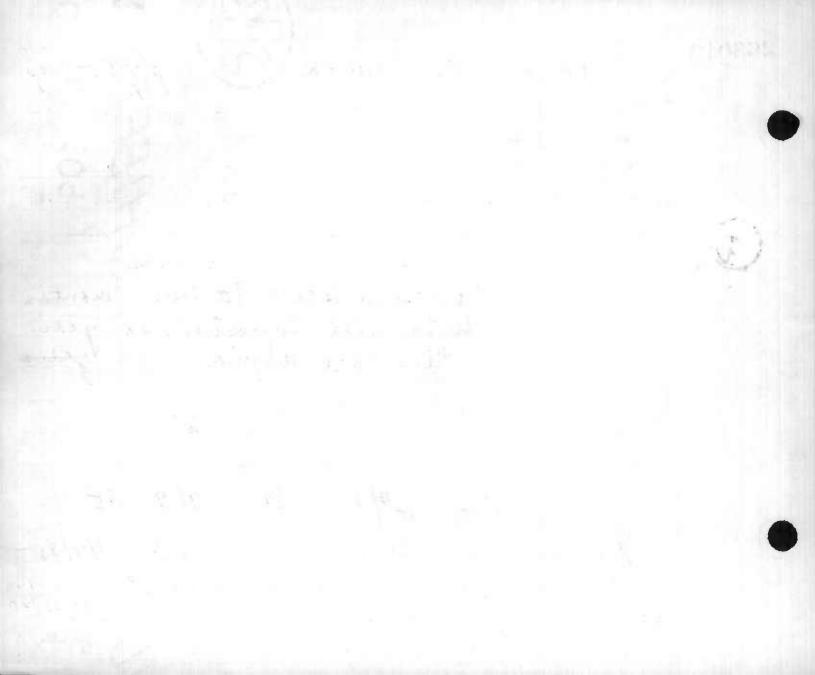
DHMH - 16 50M 4/83

TO FUNERAL DIRECTOR:

OR ATTENDING

Sept.12,1985 MINNICH FUNERAL HOME 415 E. Wilson Blvd., Hagerstown, Md. 21740 (VRA 15, 4)

SEP 1 6 1985 Julia Dandson-Mandae



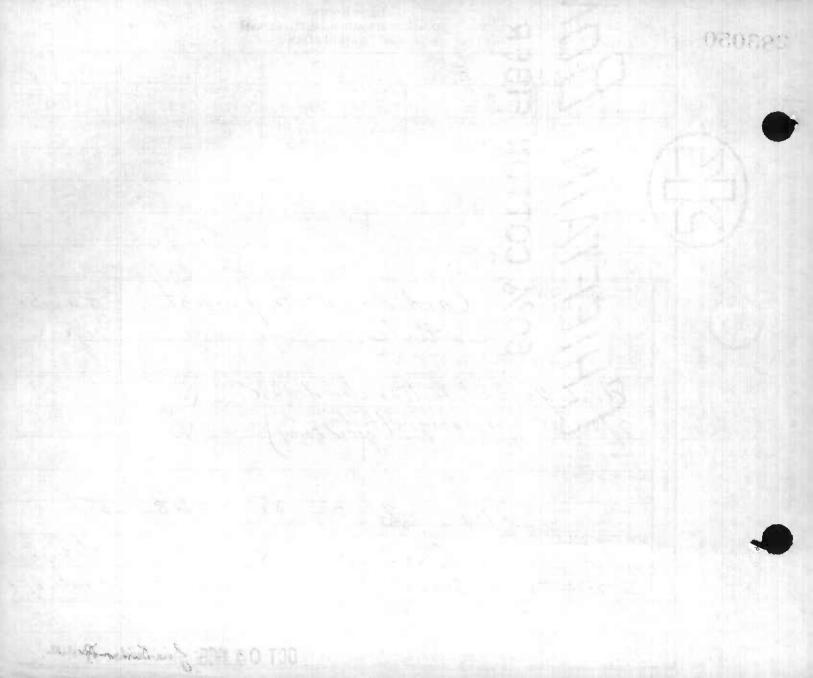
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(VRA.15, 4)

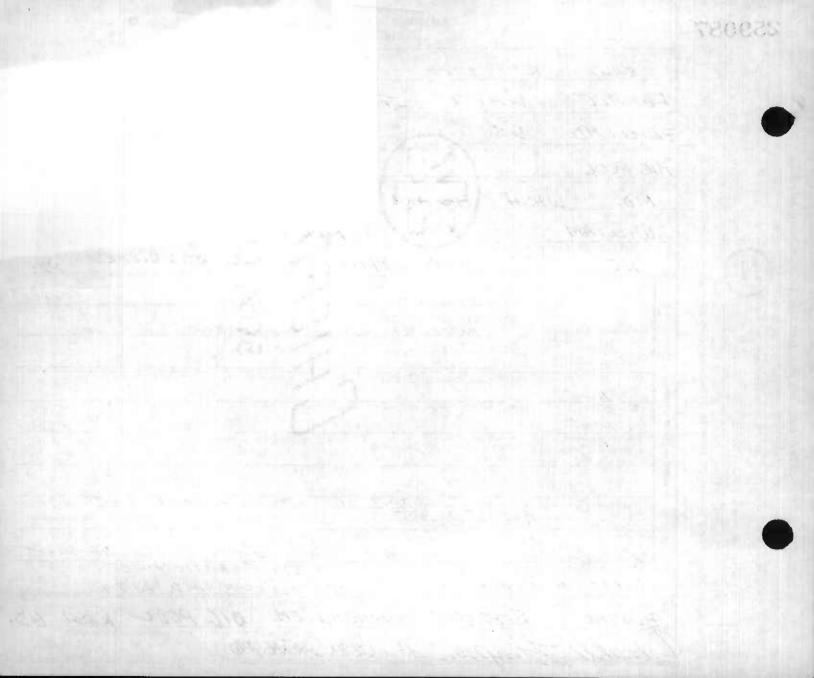
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DHMH - 16 60M 7/84 (VRA 15, 4) 24 FUNERAL DIRECTOR MINNICH FUNERAL HOME
415 NAME 415 NAM

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE



(VRA 15, 4)



23c NAME OF CEMETERY OR CREMATORY

250. DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIG

redar Lawn

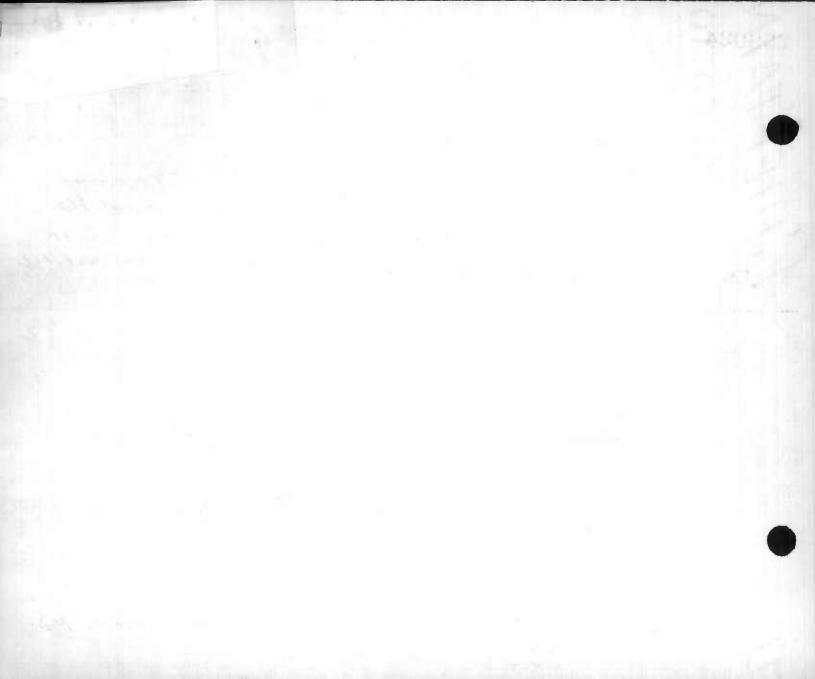
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DHMH - 16 50M 4/83 (VRA 15. 4)

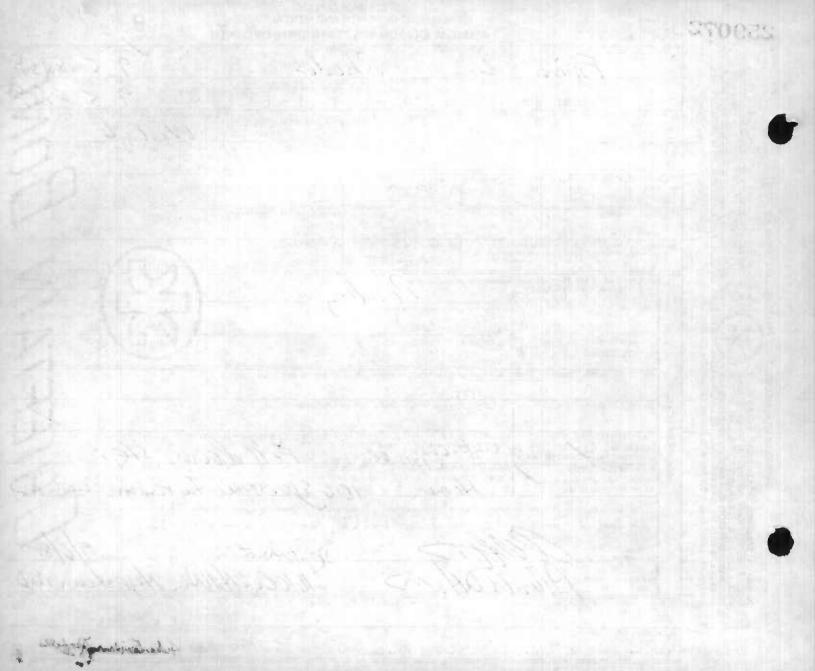
23a BURIAL, CREMATION, REMOVAL

74 FUNERAL DIRECTOR

236 DATE 9-7-85

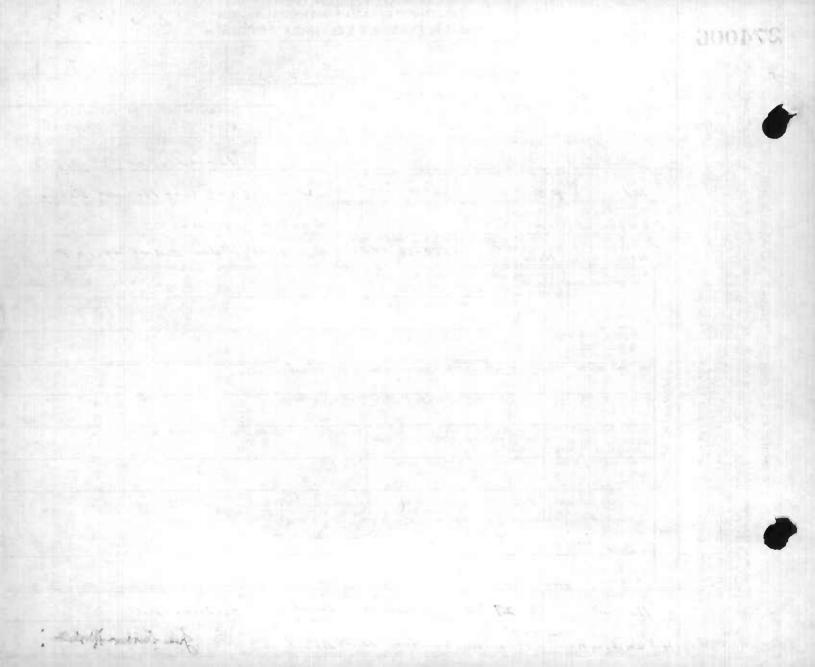


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~			REGISTRAR CEASED NAME	FIRST	Letti		EXAMINE	K J CE	KIIFICATE		20. DATE KNO	REG. NO.	TH DAY YEAF	R IZE HOLL
	ш		E OR PRINT)	Fran	Legili	E	/.	26	loc	53	OF ES	TI-	66	2008
	EASI TOR SEET SEET	3 SEX		1 RACE	S. DATE OF BIRTH		6. AGE (IN YEAR	s I IF UNDE	R 1 YR I I LIND	ER 24 HRS.	2c. DATE	MONT	H DAY YEA	AR 2d HOU
	RECESSARY, PLEASE JNERAL DIRECTOR. FOR YOUR FILES. WITHIN 72 HOURS TO PRESTON STREET,		male	white	Nov. 20,1	YEAR	75 YRS		DAYS HOURS		PRONOUNCED	9	168	3508
	STOL YOU		RTHPLACE (51		7b. CITIZEN OF WH						and the second	CITY OR COL	JNTY OF DEATH	001
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	THE FUN PAGE 5 FO FILED, WI ZOI W. P		TY OR TOWN (11. NAME OF HOSE	PITAL, NU	RSING HOME,			12a. USU	AL OCCUPATION	ON (TYPE OF WO	RK 126 KIND OF	
	PAGE 201	На	gerstov	m	Washingt			spit	a l	FOR N	ost of working in ousewif	L(FE)	OR INDUS	STRY
-	NY DELVO 3 TO ULD BE CORDS,	USUA	L RESIDENCE	IF IN NURSING HOME	OR OTHER INSTITUTION, GIV	E RESIDENCE	BEFORE ADMISSION	۷)						
2120	STAND STANDS	130. S	ryland	Wash:	ington		cstown		d INSIDE CITY LIMITS	_	106 S.	West S	ide Ave.	2173
9	1. IF 2, 2, 3. 1.	-	THER'S NAME			1			MOTHER'S MA					21.3
₩, ₩	S S S S S S S S S S S S S S S S S S S		Joseph		MIDDLE	Gibl	ons		Mary		MIDDLE		Boyer	
WO	N N N N N N N N N N N N N N N N N N N	16a. V	VAS DECEASED	EVER IN U.S. AR	MED FORCES?		CIAL SECURITY	NO. 17	INFORMANT		Al	DDŖESS		
Ę	A GE		No	WN) (IF TES, GIVE	E WAR OR DATES!	219	-66-145	5 1	Helene R	hodes,	Funkst	town, M	d.	4
	WIT. P.	5	18 CAUSE O	F DEATH (Enter or	nly ane couse per line	for (a), (b), ong,				1 1		APPROXIM BETWEEN ON	AATE INTERVAL
N S	ERA 1	/	PARTIDE	ATH WAS CAUSE	ED BY: ATE CAUSE (o)	T	rombenb	oli	to lung		100			
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3	G 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		cause (a) lying cau	stating the <u>under</u> se last.	DUE TO, OR		NSEQUENCE OF							
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ORD	A A B B C B B A A B B A B B A B B A B B A B B A B B A B B A B B A B B B A B B B A B	z	PART 2 UTHER SH		CONTRIBUTING TO DEATH B		ITEO TO THE TERMIN	AL DISEASE O	R CONDITION GIVEN II	PART I (a).				
REC	EAS AS -	1 2	19a. DATE OF		abets Mell		WHICH OPERA	TION WAS	PERFORMED?		J. C.		20 AUTOPS	SY?
1	PACE PER	CERTIFICATION											YES L	
7	PARTE -	ERT	210 EXTERNA	L CAUSE WAS	21b. TIME OF	INJURY		21c. HOV	V INJURY OCCUI	RED LENTER N	IATUBETOF INJURY IN	NITEM TE PART I O		NO LI
0	SECOND S		UNDERLYING	NG P CAUSE OF	DEATH HOUR A.M	MONTH	DAY YEAR	+	6	011	1/2.	Ske	205	
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D V	SE S	Z Z	WHILE AT WORK	NOT WHILE	STREET, FACTO	DRY FARM, E	etc.)	STRE	15/11	ostice	CITY OR TOWN	F. 6.6	KOUNTY CLASS	STATE
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	A ROSE		death results			Accident			Homicide	1	Inquiry L	ond in my	/ apinion	
	REECAM WITH		death results	ed (rain: 190)	mall.	Accident	<u>L</u> , 3010	de L.J.	TITLE (SPECIEY)	ondere	mined maine		_/.	/
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	5X4548	15	PECIFY)	ION, REMOVAL			NAME OF CEM			CITY	CATION	(COUNTY 21	STATEO
07/84 25M	BP/305	b	urial		Sept. 9,19			iwn Me	em. Park				h., Mary	land
ZOM	DHMH - 17	24 FI	UNERAL DIREC	TOR MINNI	CH FUNERAL	HOM	M1 0	77/0		TE REC'D. BY	REGISTRAR 2	A REGISTRAR	'S SIGNATURE	
	AND ARE SAF (ES)	1 4	I F. A WIT	ISON KIN	MADAY	STOTAT	1. MC	/ 1 / / / / / /		- DO 100 1 1 1/2	THE STREET STREET	التحقيق المراكب الم	1	-



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 274006 REGISTRAR DECEASED NAME TO DATE KNOWN X MONTH DAY (TYPE OR PRINT) DEATH MATED Andre Richardson 19 85 4. RACE 6 AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2c. DATE LAST BIRTHDAY) PRONOUNCED 19 85 13 1949 36 DEAD a. M 76. CITIZEN OF WHAT COUNTRY? BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Washington County, WIDOWED [DIVORCED 19. C. O CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS Washington County Hospital Hagerstown Unemployed None 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 13c. CITY OR TOWN Sout Plens MI YES O NO 16409 Sent Mensout Orive A FATHER'S NAME 181 19h 160 Williams 4 males Williams 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16h SOCIAL SECURITY NO. 579-16-1484 Mustha Williams same was 13 = IB CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL AND CAUSED BY:
IMMEDIATE CAUSE (0) Intracerebral Hemorrhage with complications PART I DEATH WAS CAUSED BY: DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 id 19a DATE OF OPERATION 19% CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO X 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN TIEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH TIE PLACE OF INJURY (AT HOME. 21d. INJURY OCCURRED 21f. LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN STATE COUNTY WHILE AT WORK Inspection XX 22a I certify that I took charge of the remains described above, held an Autopsy Undetermined manner Notural couses Homicide JOE 4 SHOULD BY D FUNERAL DIRECTER DEATH, WITH LILLE (SPECIFY) 9-18-85 MDAssistant EXAMINER'S NAME ADDRESS 111 Penn St., Balto., Md. Dennis F. Smyth, M.D. (TYPE OR PRINT) 405 23a. BURIAL, CREMATION, REMOVAL 23b. DATE Lincoln Mem. Comotons Suitland Hel Buains 07/84 250. DATE REC'D. BY REGISTRAN 134 HEGISTRAR'S SENIATURE 24. FUNERAL DIRECTOR **DHMH - 17** (VR A15 ME (5)) 2. Washington

STATE OF MARYLAND



FOR STATE

ATTENDING PRINCIPAL AND THE USE SEQUES from the deeps destricted by executed within 24 hours offer deep

DHMH - 16 50M 4/B2 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REGISTR	AK						REG. I	10.			- 5	
1. DECE ASED N	AME FIRST	A	AIDDLE	Ĺ	AST		20. DATE OF DEATH	MONTH	DAY	YEAR	26 HOL	JR n
(TIPE OR PRINT)	Mabe1		L.	Ride	nbaugh		CHEXALE	9	10,	1985	8:	50 M
3 SEX		4. RACE		S. DATE C	OF BIRTH		6 AGE (IN YEARS LAST B	RTHDAY)		ER 1 YEAR	IF UNDER	
Fema	le	White		70	22	1896	88	YRS	MONTHS	DAYS	HOURS	MIN.
	STATE OR FOREIGN		WHAT COUNTRY?	8			9 BALTIMORE CITY			ATH		
Maryla	and /	USA		WIDOWE	D NEVER	VORCED	Washingto	on Co	untv			MD.
10 CITY OR TO		11. NAME OF H	OSPITAL, NURSIN	IG HOME C	OR OTHER INS		12a USUAL OCCUPA	TION	12b.	KINDO	F BUSIN	
Boonsbo	ro /	Reeder	S Memori	a Ho	me		TYPE OF WORK FOR MOST	_		DUSTRY	mole	. 20
USUAL RESIDEN	ICE (IF NURSING POME OR	OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)	The state of		Housewi			lome	make	i.
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Maryla 14 FATHER'S NA		erick	Brunsw	1CK	YES WOTHER	S MAIDEN NA	511 West	Poto	omac	Str	eet	-
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LYES, NO OR UI		WAR OR DATES)						62	20 Br	runs	wich	c St
No.			705-10-	2490	Loray	rne Fea	ster - Br	unswi	ck.	Md.	21	216
IS CAUS	E OF DEATH :Enter and	y ane cause per	line far (a), (b), an	dici		-			-	APPROXU BETWEEN C	MATE INTE	RVAL DEATH
1 200		E CAUSE (a)	Christiana	mid	on on	nogen						
		DUE TO OF	R AS A CONSEQUE	ENCE OF								
Conditio	ns, if any, which	(16)		Ma.	A							
gave ri	se ta immediate)		0								
	(a), stating the ng cause last.	DUE TO, OF	R AS A CONSEQUE	ENCE OF								
DADT 2.	THER SIGNIFICANT O	(5)	NITE BUILDING TO	DE ATH BUT	NIOT DELATES	TO THE TERM	INAL DISEASE OR CO	ID (FIG.) C	20/51/01	DARY 1		
	THER SIGNIFICANT C	ONDITIONS CC	NATE BOTTING TO L	DEATH BUT	NOT RELATEL	IO INE IERM	INAL DISEASE OR CO	ADITION	PIVEN IN	PAKI IId		
90 DATE	OF OPERATION	19b CONDI	TION FOR WHICH	OPERATIO	N WAS PERFO	RMED	200 AUTOPSY?	20b. IF)	ES, WER	E FINDIN	IGS LISE	D
	14-							IN CER	TIFYING		OF DEA	TH?
23- 4558	ENT WAS UNDERLYING	21b. TIME O	E INTITION		Tale HOW IN	LILIBY OCCUPE	YES NO X		YES		NO [
OP CONITO	BUTING CAUSE OF DEA	1.0.0	M. MONTH DA	AY YEAR	ZIL. NOW IN	JUNI OCCUR	LED LENTER NATURE OF IN.	URY IN ITEM I	8 PARTIOR	PART 2)		
5 IF EITHER	NOTIFY MEDICAL EXAMINER			19		1305	100		1 37		11.7	
- 44	RY OCCURRED	21e PLACE (OF INJURY EET, FACTORY, OFFICE F	APAA FTC 1	21f LOCATIO	N	CITY OR I	OWN	co	YINU		STATE
AT WORLD	NOT WHILE AT WORK											
220 1 cert	ify that (1) (this haspit	al) attended the	e deceased fram_			. 19	, to		. 19		that (I) (we) last
saw	the deceased alive an e, (1) (we) (did) (did na	Constitution in the last	19	ar	nd that in (my)	(aur) apinian	death accurred on the	date and h	our and t	ram the c	causes st	ated
72h SIGN		1 9 Interest	atter death.		DEGREE			-	127	C. DATE S	SIGNED	
1//	1,011	/ hus		24		ATTENDING		AFF	/	9/11	100	
77d PHYS	ICIAN'S NAME TYPE OF	R PRINT)	5074	-	122e ADDRES	PHYSICIAN [DIRECTOR PHYS	ICIAN LA		1	"	
1 1	7. One w	+ 6	-unh		10.1	1. 1	DA Boy 24	V.	Dur	11- 1	112	12.7
	nacrew	7.			100 Gee	ting Ln.	7.0.00,296	1 ece	4/2011	10,11	14.5	17C
(SPECIFY)	EMATION, REMOVAL	23b. DATE	_		EMETERY OR		23d LOCATION		COUN	YY	**	STATE
Buria		9/13/	ob Pa	rk He	eights		Brunsw	ick,	Free	deri	CK,	Md.
24 FUNERAL DI			ADDRESS			CED	E REC'D. BY REGISTRA	156 REG	DIRAR'S	PANATI	4.92	3
John T	. William	s Funer		Bruns	swick,	Mayer	THO	THE PARTY OF	m-farcan,	al.	0.000	ž,

M. Al., Ething - To, County, Charles Application of the contraction o The state of the s W. PRESTON ST., BALTIMORE, MARYLAND 2120

DIVISION OF VITAL RECORDS, 201

FOR

- STATE

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

22e ADDRESS

23(NAME OF CEMETERY OR CREMATORY

Hagerstown, Md. 21740

23d LOCATION

Com	0

REG. NO

2	6	3	0	U

26 HOUR 7:35 a M

	OR PRINTS	FIRST	,	AIDDLE		LAST	20. DATE OF DEATH	MONTH	DAY	YEAR	26 HOU	JR
1,	Ariel	-+-	М	1	Riden	our	August	30	1985		7:35	ам
3. SE			4. RACE		5 DATE C		6 AGE (IN YEARS LAST BIR		IF UNDE	RIYEAR	IF UNDER	R 24 HRS
	F emale		Cauca	sian	MONTH	3-20-08	77	YRS.	MONTHS	DAYS	HOURS	MIN.
7a. BI	RIHPLACE ISTATE OF	FOREIGN		WHAT COUNTRY?	8.		9 BALTIMORE CITY O		Y OF DE	ATH		
-	COUNTRY		U.S	.A.	MARRIE	D NEVER MARRIED DIVORCED	Washington	n				MD.
0. C	TY OR TOWN OF DEA	ATH	11. NAME OF	HOSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OCCUPATI	ON			F BUSIN	ESS OR
	lagerstown		Colton	Villa Nu	irsing	g Ctr.	Homemake:	F WORKING L	IFE) IND	USTRY	None	غ
13a S	AL RESIDENCE IF NURS TATE Maryland	13b COUN Wash	other institution of the state of the state	GIVE RESIDENCE BEFORE 13. CITY OR TOW Smithsbu		13d INSIDE CITY LIMITS?	13. SIREET ADDRESS 3831 Form	ZIP COD	Scho	ol F	Road/	/2178
4 FA	THER'S NAME					15. MOTHER'S MAIDEN NA						
	William		T.	Brice		Minnie	E_{ullet}^{MIDDLE}		D	evil	biss	5
6a. V	VAS DECEASED EVER			166 SOCIAL SECU	RITY NO.	17 INFORMANT	14316RE	House	e B	Towe	r Ro	pad
- {	NO OR UNKNOWN)	(IF YES GIV	E WAR OR DATES)	219-36-	4866	Mrs. Nancy E	Brown Smiths	burg	, Md	. 21	783	
	gove rise to ime couse (0), statin underlying couse	ditions, if any, which e rise to immediate (a), stating the priying couse last		R AS A CONSEQUE	NCE OF	NOT RELATED TO THE TERM	+ Jaile	KI CON CO	NEAL INL	DART 1.		
NO.	TAKI Z OTTEK SIGI	411 ICAI41	CONDITIONS CC	NATKIBOTING TO L	ZEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GI	A E IA IIA I	PART III		
CERTIFICATION	19a DATE OF OPERATION 19b COND			TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?				OF DEA	TH?
MEDICAL CER	21g. ACCIDENT WAS UNI OR CONTRIBUTING []	CAUSE OF DEA	CITE CONTRACTOR	M. MONTH DA	Y YEAR	21 c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18	PART I OR	PART 2)		
MEDI	21d INJURY OCCUR	21e PLACE ((AT HOME, STR	OF INJURY EET, FACTORY, OFFICE F	ARM, ETC)	STREET	CHTY OR TO	WN	co	unty		STATE	
	22a I certify that (1) sow the deceas obove, (1) (we) (ed alive on		19		nd that in (my) (our) opinion	deoth occurred on the do				that (1) (
	226 SIGNATURE	0	940	3	w	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	F IAN []	22	DATE 7	SIGNED	·

DHMH - 16 60M 7/84 (VRA 15, 4)

9-1-1985 Blue Ridge Cemetery 615 East Main Street Thurmont, Md. 21788

23b. DATE

22d. PHYSICIAN'S NAME TYPE OF PRINT!

230 BURIAL, CREMATION, REMOVAL

Waheed, M.D.

CITY OR TOWN Thurmont, Frederick, Maryland

Hagerstown

Maryland

14. FATHER'S NAME

13a. STATE

208 E. Antietam Street

13c CITY OR TOWN

Hagerstown

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)

Washington

136. COUNTY

STATE OF MARYLAND

car man

13e.STREET ADDRESS / ZIP CODE

208 E. Antietam St.

railroad

21740

- STATE REGISTRAR	DEI ARTI	CERTIFICATE OF DEATH	REG. NO.					
1. DECEASED NAME FIRST (TYPE OR PRINT) Milt		RIDER	September 12,	1985	26 HOU	R		
3. SEX	4 RACE	5. DATE OF BIRTH	6. AGE IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR	IF UNDER 24 H			
male	white	April 24, 1920	65 YRS	NONTHS DATS	HOURS	A		
78. BIRTHPLACE ISTATE ORFOREIGN TO COUNTRY? Maryland USA		MARRIED ANEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH					
		WIDOWED DIVORCED	1 77 1 1					
10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET	NG HOME OR OTHER INSTITUTION ADDRESS)	126. KIND O	F BUSINE	SS			

MIDDLE MIDDLE Car1 Rider Flora A. Evans 16b SOCIAL SECURITY NO 17 INFORMANT Hagerstown, Md. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? W.W.II 220-10-3572 Joan B. Buchanan, 213 Phylane Dr. Yes APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF

YES X

134 INSIDE CITY LIMITS?

15. MOTHER'S MAIDEN NAME

borners Canditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIG

196 CONDITION FOR WHICH OPERATION WAS PERFORMED 19a DATE OF OPERATION 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES NO [210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

MONTH DAY YEAR HOUR A.M. OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OF TOWN AT HOME STREET FACTORY, OFFICE FARM ETC |

22a | certify that (1) (this hospital) attended the deceased from and that in (my) (aur) apinion death occurred an the date and have and from the causes stated

226 SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL

22e ADDRESS

Harold R. Tritch. Jr. MD

138 E. Antietam Street, Hagerstown, MD

PHYSICIAN DIRECTOR PHYSICIAN

23a BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION burial Hagerstown, Wash., Maryland Sept.14,198\$ Rose Hill Cemetery

DHMH - 16 50M 4/83 (VRA 15, 4)

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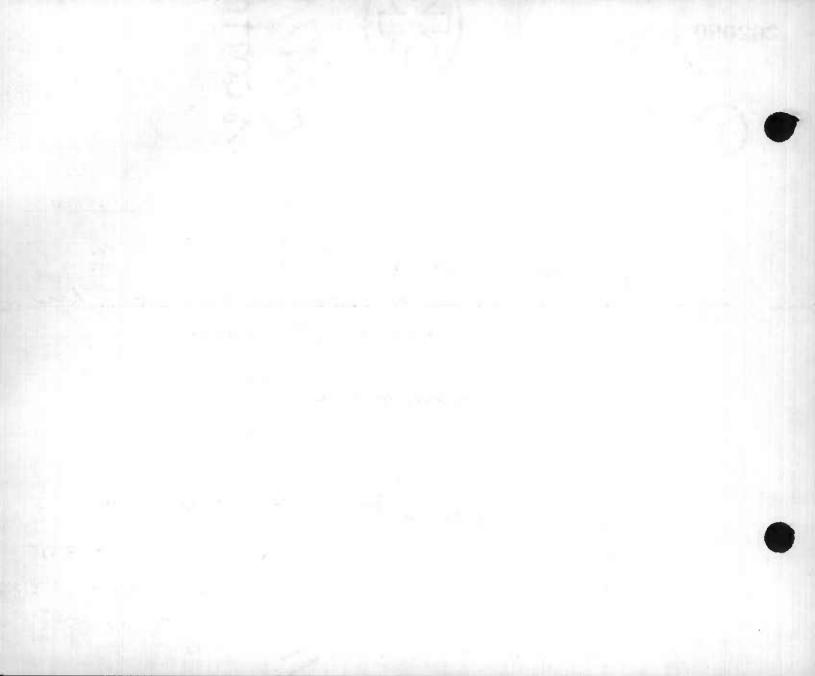
DIVISION OF VITAL RECORDS, 201

24 FUNERAL DIRECTOR MINNICH FUNERAL HOME 415 E. Wilson Blvd., Hagerstown, Md. 21740 84 REGISTRAR 256 REGISTRAR'S SIGNATURE 1005

COUNTY

9-13-85

STATE



STATE OF MARYLAND

MONTH

WIDOWED

DEPARTMENT OF HEALTH AND MENTAL HYGIENES CERTIFICATE OF DEATH

REGISTR
(TYPE OR PRINT)
3. SEX
Fema
70 BIRTHPLACE

FOR STATE

Thees

Md.

Louise

A AGE (IN YEARS LAST BIRTHDAY)

20 DATE OF DEATH MONTH IF UNDER I YEAR

10 I STATE OR FOREIGN

White 76 CITIZEN OF WHAT COUNTRY

U.S.A.

January 8, 1908 MARRIED NEVER MARRIED

BALTIMORE CITY OR COUNTY OF DEATH

Hagerstown

Hagerstown

11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION Washington County Hospital

TYPE OF WORK FOR MOST OF WORKING LIFE! Housewife

REG. NO

INDUSTRY

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION Maryland

136 COUNTY Washington

13c CITY OR TOWN Hagerstown 13d INSIDE CITY LIMITS? 15 MOTHER'S MAIDEN NAME

34 Moller Parkway MIDDLE

14 FATHER'S NAME

Roy

В. 160 WAS DECEASED EVER IN U.S. ARMED FORCES?

Jacobs 166 SOCIAL SECURITY NO

Frances 17 INFORMANT

Lehman 1416 RASTE Island Avenue

(YES, NO OR UNKNOWN)

(IF YES, GIVE WAR OR DATES)

18 CAUSE OF DEATH (Enter only one cause per line for a), (b), of dic PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)

216-46-3812

Marvin F. Moss Washington, D.C. 20005

Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last

OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINERS 21d INJURY OCCURRED

DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO

CERTIFICATION

190 DATE OF OPERATION 21n ACCIDENT WAS UNDERLYING

216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR

211 LOCATION

22e ADDRESS

216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

CITY OR TOWN

COUNTY

WHILE NOT WHILE 220 1 certify that (1) Whis hospital) attended the deceased from

21ª PLACE OF INJURY I AT HOME STREET, FACTORY, OFFICE FARM ETC 1

abov (1) we did did not view the body after death. 226. SIGNATURE

DEGREE MD

ATTENDING

STAFF PHYSICIAN DIRECTOR PHYSICIAN

and that is (my cour) opinion death occurred on the date and hour and from the causes stated

22c. DATE SIGNED

(SPECIFY)

230. BURIAL, CREMATION, REMOVAL

23c NAME OF CEMETERY OR CREMATORY

24 FUNERAL DIRECTOR MINNICH FUNERAL HOME

Burial

415 E. Wilson Blvd. Hagerstown, Maryland 21740

DHMH - 16 60M 7/B4 (VRA 15, 4)

Sept. 27, 1985 Rose Hill Cemetery Hagerstown, Washington Md.

The state of the s Westeries trafectules of the second and the state of t WEST A THE BATTER holysoff wednesd

STATE OF MARYLAND

2	6	3	U	

- STATE REGISTRAR	ATE CENTIFICATE OF DEATH				***	
DECEASED NAME ALIC	e Jane	Shafer	10 DAIL OF BLATT	1985	26 HOUR 4 29	
3 SEX	4 RACE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR	IF UNDER 24	HRS
female	white	August 20, 1901	84 yrs.	NONTHS DAYS	HOURS	MIN
BIRTHPLACE (STATE OFFOREIGN	76 CITIZEN OF WHAT COUNTRY?	8.	9 BALTIMORE CITY OR COUNTY	OF DEATH		
Maryland	USA	MARRIED NEVER MARRIED WIDOWED NORCED	Washington			M
IA CITY OF TOURS OF SEATIN	111 MANE OF HOSPITAL MURSEN	C HOUR OR OTHER WISTINGS	IS AUGUAL OCCUPATION	101 1111 10 0		A 400 I

Hagerstown

136 COUNTY

Washington

Washington County Hospital

13d. INSIDE CITY LIMITS? Williamsport NO IX 15 MOTHER'S MAIDEN NAME

Mollie

Route 2, Box 320-A2

MIDDLE

21795

Charles

Maryland

CERTIFICATION

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

Smith 166 SOCIAL SECURITY NO

arcinoma

96. CONDITION FOR WHICH OPERATION WAS PERFORMED

17 INFORMANT

ADDRESS

WORK FOR MOST OF WORKING LIFE) INDUSTRY

homemaker

Mongan

Bettie L. Moore, Williamsport, Md. 217-32-5064 No 18 CAUSE OF DEATH Enter only one couse per line for 101, (b), and ic PART I. DEATH WAS CAUSED BY:

Conditions, if ony, which gove rise to immediate stoting underlying couse

OR AS A CONSEQUENCE OF Carcinom atosis Do omina

DUE TO, OR AS A CONSEQUENCE OF

IONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 Accident with Lest Hemiparesis

NOM

70 .	DATE OF OFERFICE	
21-	ACCIDENT WAS UNDERLY	(INC.
	CONTRIBUTING CAUS	_
(IF	FEITHER NOTIFY MEDICALE	XAMINER

NOT WHILE

21d. INJURY OCCURRED

21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 21e. PLACE OF INJURY

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

20a AUTOPSY?

Sigmoid Colon With

HOME STREET FACTORY OFFICE, FARM ETC)

211 LOCATION

CITY OR TOWN

COUNTY STATE

220.1 certify that (1) (this hospital) attended the deceased from

ATTENDING MEDICAL

auc) opinion death occurred on the date and hour and from the causes stated

23a BURIAL, CREMATION, REMOVAL

23¢ NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery

Hagerstown, Wash., Maryland

206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

YES T

DHMH - 16 60M 7/84

E. Wilson Blvd., Hagerstown, Md. 21740

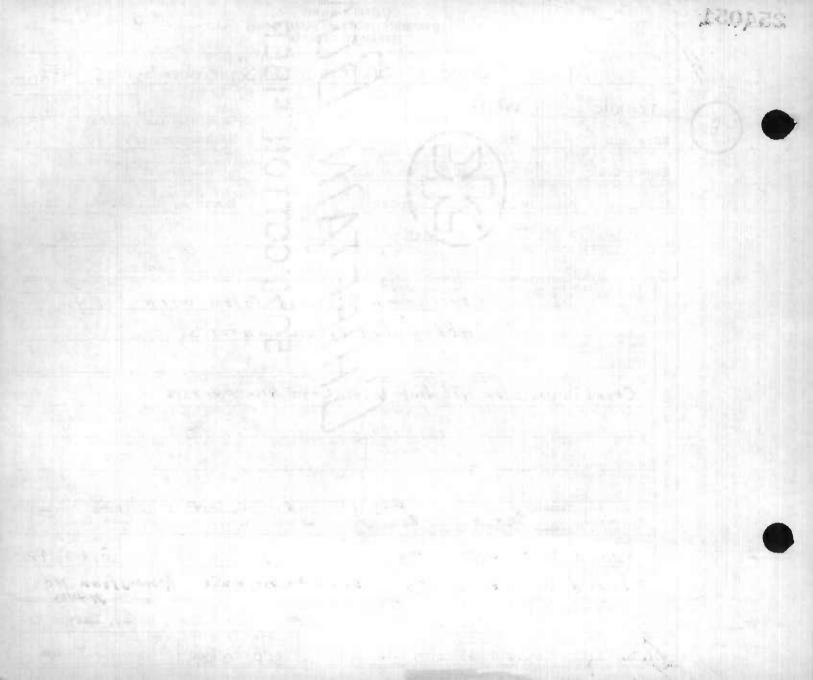
250 DATE REC D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE Sig Novidron-Randelle

should be detache MPORTANT

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.

buria1 Sept.7,1985 MINNICH FUNERAL HOME 24 FUNERAL DIRECTOR

(VRA 15, 4)



Minnich Hagerstown. Maryland

Girla Lieux dron- Manda M2

DHMH - 16 60M 7784

(VRA 15, 41

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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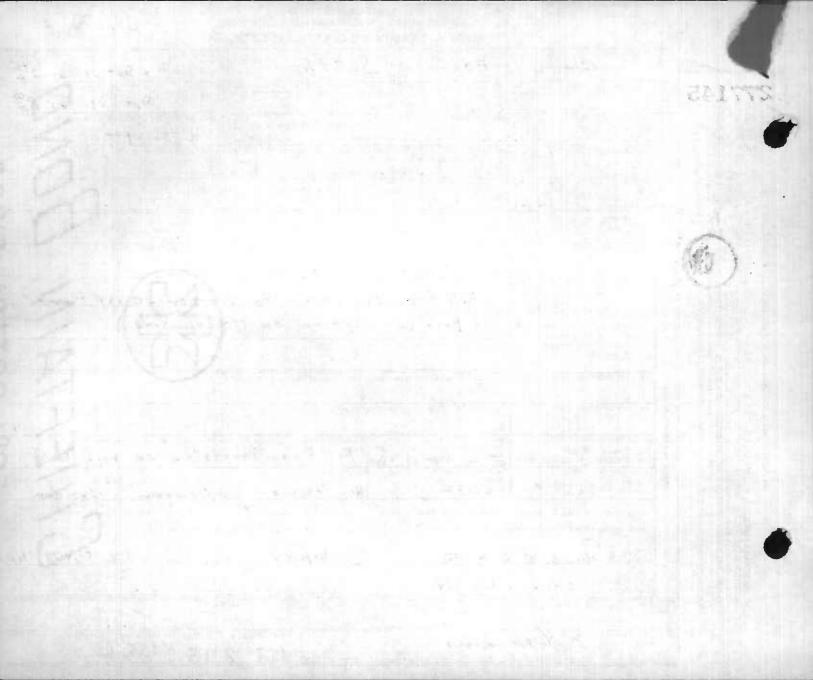
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Wildiam W. Leeh L.D.

9/10/1

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR REG. NO. DECEASED NAME 20 DATE KNOWN GLENN 26 HOUR ADEN (TYPE OR PRINT) ESTI-(+/e 4 21 Heen DEATH MATED SEX 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED OCT. 21,1966 MALE WHITE 18 YRS a BIRTHPLACE (STATE OR Th CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X FOREIGN COUNTRY! U.S.A. MARYLAND DIVORCED WIDOWED L O CITY OR TOWN OF DEATH IL NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS (IF NOT IN SUCH FACILITY GIVE STREET ADORESS) FOR MOST OF WORKING LIFE) OR INDUSTRY HAGERSTOWN WASHINGTON CO. GEN. HOSPITAL NONE N/A SUAL RESIDENCE (IF IN NURS IOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 3a. STATE OUNTY 13c. CITY OR TOWN 13e STREET ADDRESS T3d. INSIDE CITY LIMITS? MARYLAND GLEN BURNIE NO X 1126 CEDARCLIFF DR. 21061 A.A. 4 EATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE LAST FIRST FIRST S. GERALD SMITH INEZ Н. JONES WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16b. SOCIAL SECURITY NO FATHER ADDRESS (IF YES, GIVE WAR OR DATES) 215.02.5065 MR. GERALD S. SMITH SAME AS # 13 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. ED AS A BU HEALTH AN AL, CREMAT PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 a 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 28 AUTOPSY? YES | NO X EXECUTE THE CERTIFICATE, WRITING THE WO PAGE 4 SHOULD BE FORWARDED TO THE CTO FUNERAL DIRECTOR; PAGE 3 SHOULD BE AFIER DEATH, WITH, THE STATE DEPARTMENT BALTIMORE, MARYMAND, 21201 PRIOR TO BIG 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR UNDERLYING DOR 4 PM Sept 29 19 80 CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 21d INJURY OCCURRED 211 LOCATION STREET, FACTORY, FARM, ETC.) WHILE AT WORK Cliff 220. I certify that I taak charge of the remains described above, held an Inspection Natural causes Accident Hamicide Undetermined manner TITLE (SPECIFY) MEDICAL EXAMINER EXAMINER'S NAME Edward Wil) ito ADDRESS 217 W. WASHINGTON ST. 733 - 3361230 BURIAL, CREMATION, REMOVAL 236. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION OCTOBER 02, BURIAL GLEN HAVEN MEMORIAL PARK GLEN BURNIE A.A. MARYLAND 07/84 25M 24 FUNERAL DIRECTOR OF **DHMH** - 17 (VR A15 ME (5)) SINGLETON FUNERAL HOME GLEN BURNIE, MARYLAND

STATE OF MARYLAND



(VRA 15, 4)

DHMH - 16 60M 7/B4

METZNER 23a BURIAL, CREMATION, REMOVAL 236 DATE

123

saw the deceased alive an above (1) (de) (dra) (drd)

THE PHYSIC AN'S NAME

(SPECIFY)

22e ADDRESS

ATTENDING &

MEDICAL

PHYSICIAN DIRECTOR PHYSICIAN

STATE

23c NAME OF CEMETERY OR CREMATORY 23d LOCATION COUNTY Cedar Lawn Mem Hagerstown Wash.

9-26-85 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE M. FUNERAL DIRECTOR 305 N. Potomac Street

Minnich Hagerstown, Maryland

and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated

. 1 183

+ STATE

PHYSICIAN A DIRECTOR T PHYSICIAN T 73x BURIAL CREMATION, REMOVAL 731 NAME OF CEMETERY OR CREMATORY 7Th DATE Potomac Memorial Gardens Keyser Mineral" W. Va. Burial 74 FUNERAL DIRECTOR 16 DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 Julia Davidson-Randere Westernport, Md. 21562 Boals Funeral Service (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG: NO

MONTH

DAF

Herman

78s. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

COUNTY

IN DATE SIGNED

NO IT

YES [

CITY DE TOWN

26 HOUR

12h KIND OF BUSINESS OR

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ot THE COMMENT OF THE PROPERTY OF the filtred and the пытаен yes will a 11 a 236 03-3819 kus. welye Swiding Regulation H. LANCE TO SELECT THE SELECT SELECTION OF THE SELECT SELE and the second section of the second second second all the water that the same and the same is the same of and the first of the factor of the factor of the firmed money weekers fargored excepts. the state of the s

DHMH - 16 50M 4/83 (VRA 15, 4)

415 E. Wilson Blvd. Hagerstown, Maryland 21740 CT 0 3 1985

23c NAME OF CEMETERY OR CREMATORY

Sept. 14, 1985 Rose Hill Cemetery

HAGERSTOWN, MARYLAND 21740

Hagerstown

Washington Md.

23d LOCATION

EDWARD W. DITTO, III, M.D.

23b. DATE

230 BURIAL CREMATION, REMOVAL

Burial

(SPECIFY)

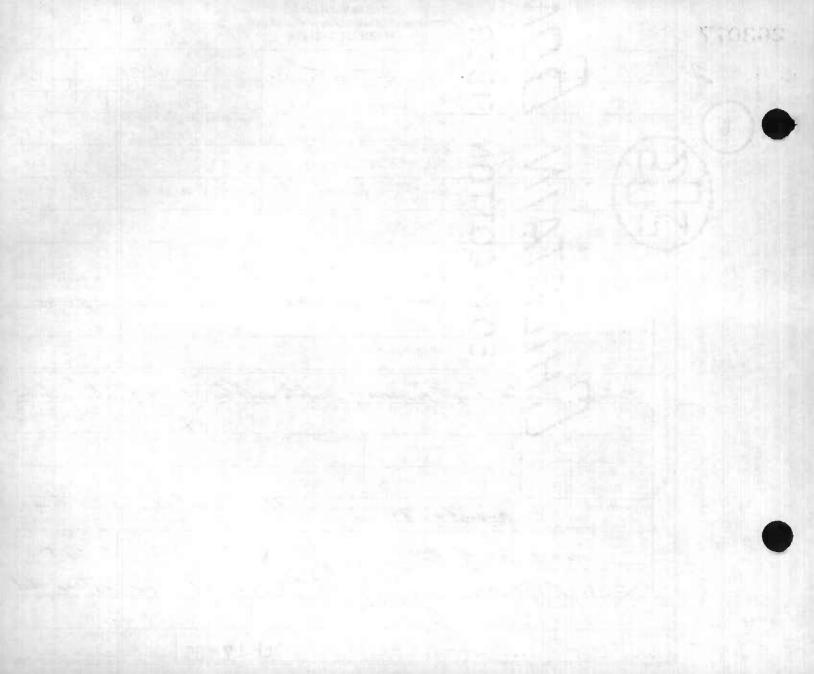
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Wilson Blvd., Hagerstown, Maryland 21740

whe Daydoon Gandelle

DHMH - 16 60M 7/84

(VRA 15, 4)



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN® CERTIFICATE OF DEATH

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	NG PHYSICIAN; The law require that the facilities the control of within 24 hours after dealing age 4 may be offending physician.	ifter this certificate has been signed by the attending payment and completely filled in by the funeral director, page 3 as the businitensis permit. Then plant is the contract of the contrac
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REGISTRAN	And the second second second				REG. N	١٥.		
I. DECEASED NAME FIRST	MIDDLE	-1/'	AST		20 DATE OF DEATH	MONTH E	DAY YEAR	26 HOUR
Leon	Charles	Van	94n. J	r.		9 2	5 85	M
3. SEX	4 RACE	5. DATE C			6 AGE IN YEARS LAST B	_	IF UNDER 1 YEAR	
Male	White	Oct	des atton tra	920	64	YRS	AONTHS! DAYS	HOURS MIN.
70. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	Y? 8.		710	9 BALTIMORE CITY		OF DEATH	-
Michigan	II.S' A.	WIDOWE		ARRIED -	Washing	rton (County	MD
10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	ING HOME C			12a USUAL OCCUPAT	ION	126, KIND C	OF BUSINESS OR
Hagerstown	Washington	Count	v Hosp	ital	Driver	OF WORKING LIFE	,	king
USUAL RESIDENCE (IF NURSING HOME C	ROTHER INSTITUTION GIVE RESIDENCE BEFO	ORE ADMISSION)					12240	17/1
	nington Hager	1	13d INSIDE CIT	NO T	2/25 Pe	nnsyl	vanis	Tonil
14 FATHER'S NAME		0 00 1111	15 MOTHER'S	- April 1		MITTERAT	, ventro	Avcilue
Leon Char	les Vaughn	Sn	00000	i 7 v	Roxann		Zomb	
160 WAS DECEASED EVER IN U.S. A			17 INFORMAN	miles solve	ADDE		ZOMO)T.O
YES W	II 220-52	6007	Marth	2 T (Godlove s	1000 0	0 77	
	nly ane cause per line far (a), (b) o		1100-011	1 //	toalove s	same a		CIMATE INTERVAL ONSET AND DEATH
PART I. DEATH WAS CAUS	ED BY	Vo n	mal -	tailure) Uremia	seps	BETWEEN	ONSET AND DEATH
IMMEDIA	TE CAUSE (a) // CO	are it	11	-2000)	-		
Condition if an 111	DUE TO, OR AS A CONSEC	NENCE	7-			/		
Canditians, if any, which gave rise to immediate	(b)	nava					+	
cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEO	UENCE OF						
FART 2. OTHER SIGNIFICAN	CONDITIONS CONTRINGTING TO	DE ATURA	Burnelo	a constant	COLUMN TO A SECUL	THE RESERVE AND ADDRESS.		
11	station losso.	Coll	/ /.		NAL DISEASE OR COM	4DITION GIVE	N. DA BART TH	9
ING. DATE OF OPERATION. 21g. ACCIDENT WAS UNDERLYING.	IN CONDITION FORWHIC	HOPERATION	4.1	and the second	120a AUTOPSY?	120h IF YES	WERE FINDIN	NGS LISED
JFIC			/	/		IN CERTIF	YING CAUSES	OF DEATH?
210. ACCIDENT WAS UNDERLYING	7 216. TIME OF INJURY		21c HOW INJ	URY OCCURR	ED (ENTER NATURE OF INJ		ARI I OR PART 2)	NO 🗌
00 00 170 1110 110 110 010 010								
(IF EITHER NOTIFY MEDICAL EXAMINE	P.M. 21e PLACE OF INJURY	19	211 LOCATION	N				
WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY OFFICE	E FARM ETC)	STREET		CITY OR TO	NWC	COUNTY	STATE
	ital) attended the deceased fram			. 19	ta		0	that (I) (we) last
					eath accurred an the c			
226 SIGNATURE	at view the body affer death.	[DEGREE				22c DATE	SIGNED /
16	tugler 1	no		TENDING HYSICIAN	MEDICAL STA	CIAN I	9	1/27/23
22d. PHYSICIAN'S NAME (TYPE	OR PRINT!		22e ADDRESS	1	1 1	11.	-1 1	12
			(se	ethy !	lane Ke	edys	(3/1	Md
230 BURIAL, CREMATION, REMOVAL	. 236 DATE 236	NAME OF CI	EMETERY OR CE	REMATORY	23d LOCATION	1	1	77
Burial	9-28-85 R	ocky (Gan Ve	t. Cen	r Flinst	one A	llegh	ny Md.

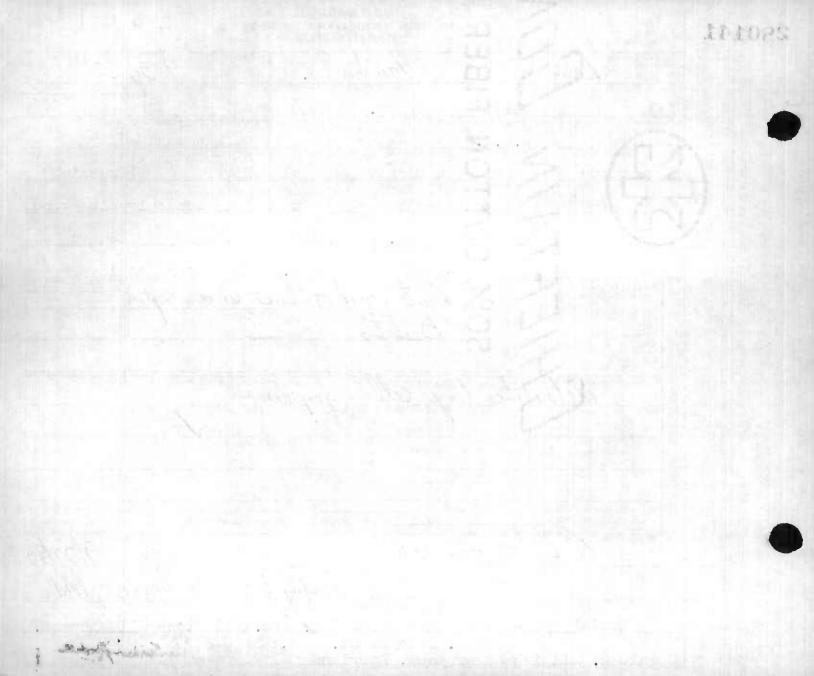
DHMH - 16 60M 7/84 (VRA 15, 4)

Should be detached for use with the State Dept. of Hea

Gerald N. Minnich Hagerstown, Maryland

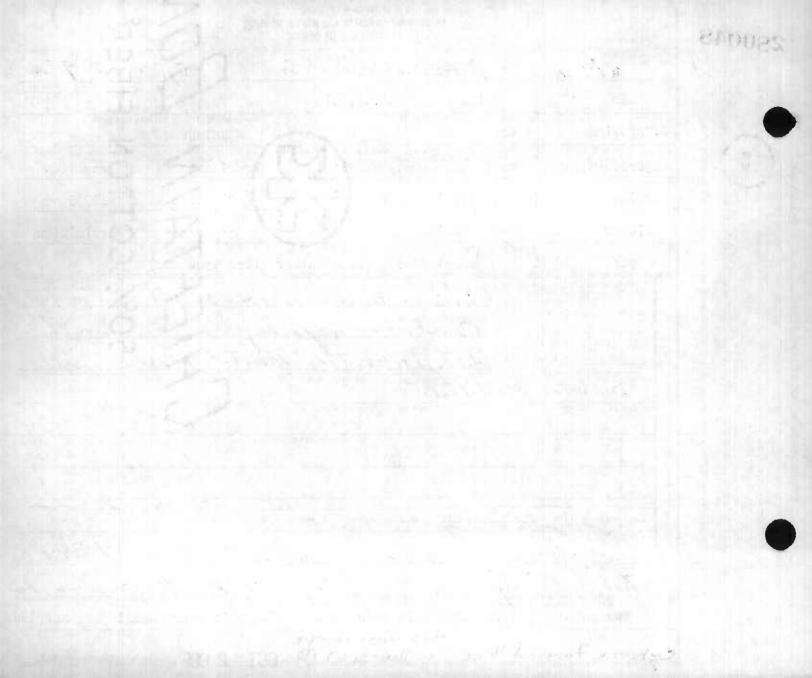
25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S.

Gulie Deviden Porde



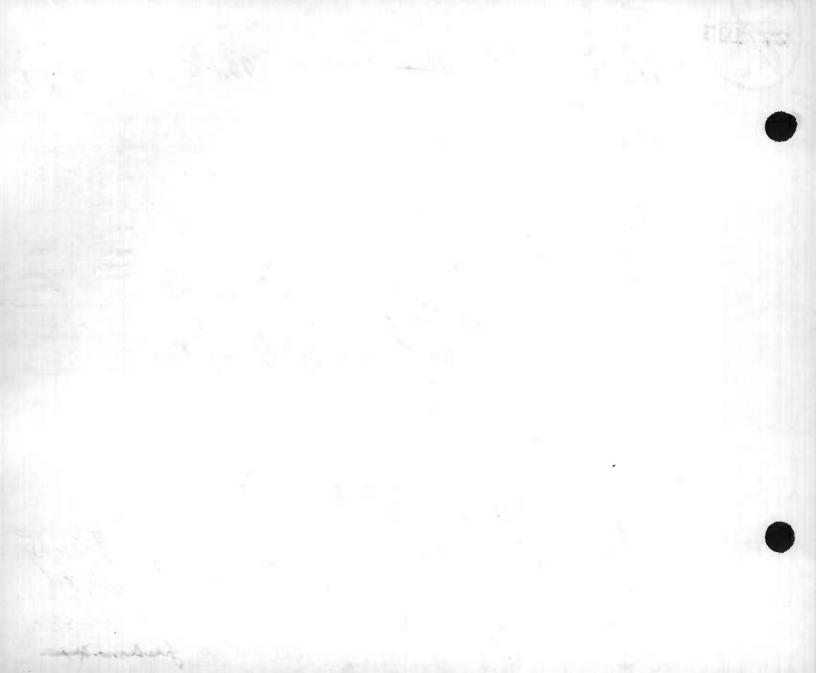
80048	1	STATE REGISTRAR		DEPART	CERTIF	ICATE OF DEATH	REG. NO.	
poge 3		CEASED NAME FIRST	col ,	Perriclai	re Wa	alker Sr	Sept. 24	PAS TO A
s offer o	3. SE	Male	4 RACE Wh	ite	Oct.	18,1914 YEAR		IF UNDER 1 YEAR IF UNDER 24 HRS. ONTHS DAYS HOURS MIN.
72 100		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OI USA	F WHAT COUNTRY?	MARRIEI WIDOWE	DI DIVORCED	9 BALTIMORE CITY OR COUNTY WASHINGTON	OF DEATH
199		ITY OR TOWN OF DEATH	(IF NOT IN SI	HOSPITAL, NURSIN UCH FACILITY, GIVE STREET ngton Coul	IG HOME C	R OTHER INSTITUTION	12th USUAL OCCUPATION LITTE OF WORK FOR MOST OF WORKING LIFE President	12b. KIND OF BUSINESS OR INDUSTRY Aircraft
	13a	AL RESIDENCE (IF NURSING HOME STATE aryland Wasi	OR OTHER INSTITUTION UNITY I ington	GIVE RESIDENCE BEFORE	N	13d INSIDE CITY LIMITS? YES NO 🕇	13. STREET ADDRESS / ZIP CODE 9 Plumtree Lane	21795
() (S	14. F.	Richard	WIDDLE	Walker		Susan	MIDDLE	Perriclaire
medicol		VAS DECEASED EVER IN U.S. YES NO OR UNKNOWN) YES	ARMED FORCES? GIVE WAR OR DATES!	055-12/25		Jean Walker	(item 13 above)	
event, the		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU IMMED!	only one cause po SED BY: ATE CAUSE (a)	avelia	. /_	cilive,	low output	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ol, cremation, ar r other traumatic		Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause lost.	(b)_	OR AS A CONSEQUE	00	7 4	y. artdisense	months.
r to buri injury, o	NOI	PART 2 OTHER SIGNIFICAN Diabete	CONDITIONS	CONTRIBUTING TO E	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIVE	N IN PART IIa
iene prio	TIFICAT	190 DATE OF OPERATION	196. CON	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? 20b. IF YES YES NO YES	WERE FINDINGS USED VING CAUSES OF DEATH?
tem 18 sh		2)a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E [IF EITHER NOTIFY MEDICAL EXAMIN	DEATH HOUR A	OF INJURY A.M. MONTH DA P.M.	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 PA	RT OR PART 2)
rked or	MEDI	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE LAT HOME S	OF INJURY TREET, FACTORY OFFICE F	ARM ETC)	211 LOCATION STREET	CITY OR 10WN	COUNTY STATE
of Healt	3	22a.1 certify that (1) (this has saw the deceased alive above, (1) (wer(did) (did	on	1.24 19 A	<i>2∫</i> , an	d that in (my) (ear) opinion	death accurred an the date and haur	9 that (I) (we) last and from the causes stated
State Dept	OR CONTRIBUTING CAUSE OF ITE ETHER NOTIFY MEDICAL EXAMIT 21d INJURY OCCURRED WHILE NOT WHILE NOT WHILE NOT CONTRIBUTION OF SOW the deceased alive abave, (If (mettidid) (did 17).		ence	_ 1/1	10		MEDICAL STAFF	9-24-85
with the Stat		Charles (? Spe	rucev		1198 Ken	ly Aug Horse	as Town, K
-		BURIAL, CREMATION, REMOVA SPECIFY) Cremation	Sep. 2	5,1985 Smi	ithsbu		Smithsburg Was	
50M 7/84 5, 4)		Shorne Tune	eral Ho			. 2	E REC'D. BY REGISTRAR 25b. REGISTR	Car'S SIGNATURE

STATE OF MARYLAND



415 E. Wilson Blvd.,, Hagerstown, Maryland 21740 30

DHMH - 16 50M 4/83 (VRA 15, 4)



director, page 3 hours ofter death

		STATE	OF M	ARYL	AND	25%
DEP	ARTMENT	OF HE	ALTH	AND	MENTAL	HYGIENE
	CE	RTIF	CATE	OF	DEATH	

STATE OF MARTEAND	25%
DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	

REG. N	10.			
ATE OF DEATH	MONTH	DAY	YEAR	2b. HOUR
	9.	17-	88	1000
F /IN YEARS LAST BE	RIHDAYI	IF UNI	DER LYEAR	IF UNDER 24 HRS

26313

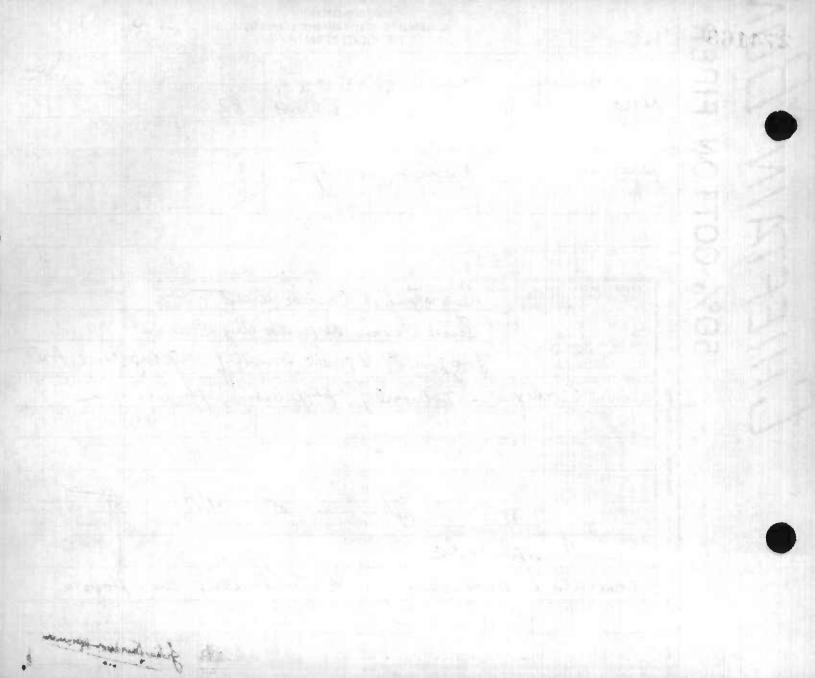
	1-	FOR STATE REGISTRAR			DEPART		EALTH AND MENTAL HY	YGIENE 3	REG. NO.	00	, 3			
		CEASED NAME OR PRINTS	FIRST	Henry	AIDDLE	1.5	en Kin	20 DATE OF	DEATH MONTH	DAY YEAR	1 1	R		
	3 SEX	uale		4 RACE		5. DATE C		00	ARS LAST BIRTHDAY]	MONTHS DAYS				
)	Ma BIR	RTHPLACE (STATE OR F OUNTRY) ryland	OREIGN	76 CITIZEN OF	WHAT COUNTRY	? 8 MARRIEI WIDOWE	D T NEVER MARRIED	9 BALTIMOR	9 BALTIMORE CITY OR COUNTY OF DEATH Washington					
7	10 CI	Hagus ha	TH		HOSPITAL, NURSI H FACILITY, GIVE SERBE		PROTHER INSTITUTION		occupation for most of working ng clerk		OF BUSINE	SSOR		
1	130 S	RESIDENCE (IF NURS) TATE Tyland	136 COUN		GIVE RESIDENCE BEFO 13c CITY OR TOV Funks to	WN	13d INSIDE CITY LIMITS?	13e.STREET A	DDRESS / ZIP CO ar St., I	P. O. Bo	x 36	77		
1	I4 FA	THER'S NAME FIRST Leonard		MIDDLE	Werking		15 MOTHER'S MAIDEN N	NAME	WIDDIE	Fox				
1		AS DECEASED EVER		MED FORCES? E WAR OR DATES	166 SOCIAL SEC 216-14-		Nellie R.	Werking	ADDRESS Funksto	own, Md.				
	,	Conditions, if ony, gove rise to imm couse (a), statin underlying couse	which nediate g the lost.	DUE TO O	As a consequence	ENCE OF MENCE OF	t Cardior Charles Si	is Ley making	Disers Gen OR GONDITION	PUSAL GIVEN IN PART I	e fr	nT		
1	CERTIFICATION	Jewil (ION	19b. CONDI	TION FOR WHICE	H OPERATIO	N WAS PERFORMED	200 AUTO	IN CER	YES, WERE FINDS		H?		
1	MEDICAL CER	21a ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRIB	AUSE OF DEA	tin .	m. month (m,	DAY YEAR	21c. HOW INJURY OCCU	JRRED (ENTERNAT	ure of injury in Item 1					
	ME	WHILE NOT WH	ne 🗌	(AT HOME STR	EET, FACTORY OFFICE	FARM ETC)	STREET	· ·	CITY OR TOWN	COUNTY		TATE		
		22a I certify that (I) saw the decease above, (I) (we) (d 22b SIGNATURE	d olive on,	9/17	19_	0.		, to	on the date and h		, ,	we) lost		
		22d. PHYSICIAN'S NA	HE ITYPE O		ere		ATTENDING PHYSICIAN		STAFF PHYSICIAN					
		PRANCE	800		DRADE		363 5. 6	leube	io ano	· Hags	ihe,			
	bu	URIAL, CREMATION, SPECIFY) T1a1	REMOVAL	Sept.1			emetery or crematory laven Cemeter		erstown,	Wash.,	Mary]	and		

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

24 FUNERAL DIRECTOR MINNICH FUNERAL HOME
415 E. Wilson Blvd., Hagerstown, Md. 21740

250. DATE REC'D. BY REGISTRAR



ליח	1.	FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENG 5 2 6 8 4 4 CERTIFICATE OF DEATH REG. NO.							
Market St.		CEASED NAME Arth	ur	WILCOX	20 DATE OF DEATH MO	9- 11-85 10:15				
	3 SE	X	4 RACE	S. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHD)	AY) IF UNDER 1 YEAR IF UNDER 24 HE MONTHS DAYS HOURS ME				
	-	iale	White	10 23 07	77	YRS				
だりつ		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUN	TRY? 8 MARRIED NEVER MARRIED	BALTIMORE CITY OR	COUNTY OF DEATH				
20		io	U.S.A.	WIDOWED DIVORCED	Washingto	on Clunty				
P	10 C	TY OR TOWN OF DEATH		JRSING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION					
870	Ha	gerstown	Ravenwood	Luth. Home	Maintenan					
and the same	USU 13a. S	AL RESIDENCE (IF NURSING HOME OF TATE 136 COU	ROTHER INSTITUTION GIVE RESIDENCE NTY 13c CITY OR	BEFORE ADMISSION)	13e.STREET ADDRESS / Z	IP CODE 2114				
-	-	THER'S NAME	ittiig toit itag	15 MOTHER'S MAIDEN N		ington Street				
1/		FIRST	MIDDLE LAST		MIDDLE	LAST				
0		Samuel	Wil		ADDRESS	Rector				
with the State Dept. of Health and Mental Hygiene prior to burial, are majored. Pages 1 and 2 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, a terration. MPORTANT: If hem 21 is marked or them 18 shows any injury, or other traumatic event, the medical examples must be notified of pance.		VAS DECEASED EVER IN U.S. AF	VE WAR OR DATES)	SECURITY NO. 17 INFORMANT	ADDRESS					
E /		No		Nellie Wi	lcox sam	ne as 13				
ol, c etratiat r ather traumatic ev		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A CONS	send of intenct	mi seric tru	re				
.5 0	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDIT	ION GIVEN IN PART 10				
ws an	RTIFICAT	190 DATE OF OPERATION	. 19b. CONDITION FOR W	HICH OPERATION WAS PERFORMED	200 AUTOPSY? 20 IP	Ob. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? YES NO NO				
T W	B	21g. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	21b. TIME OF INJURY	DAY YEAR 21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN	TITEM 18 PART I OR PART 2)				
In the Man	¥	(IF EITHER NOTIFY MEDICAL EXAMINE	AIH	19						
o A	ă	21d INJURY OCCURRED	21e PLACE OF INJURY	21f LOCATION		COUNTY STATE				
and ted	Z	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY OF	FICE FARM ETC STREET	CITY OR TOWN	COUNIT				
morl		220.1 certify that (I) (this hasp	ital) averaged the deceased for	om 9 5 19 85	9/11	13 67				
21 is r			of view the body after death.	, 17		ond hour and from the couses stated				
te Dept		226. SIGNATURE	D.O	DEGREE ATTENDING, PHYSICIAN	MEDICAL STAFF	221. DATE SIGNED				
ORTANI		224. PHYSICIAN'S NAME (TYPE	OR PRINT)	130 E And	Hetan St. A	ray en form Wit				
N N	22- (CIPIAL CREMATION REMOVAL	Tan Darr	22. NAME OF CENTIFON OF COUNTRY	Table LOCATION	1 3				

DHMH - 16 60M 7/84

BP.

24 FUNERAL DIRECTOR (VRA 15, 4)

(SPECIFY)

230 BURIAL, CREMATION, REMOVAL

Burial

Napore Potomac St.

Rose Hill

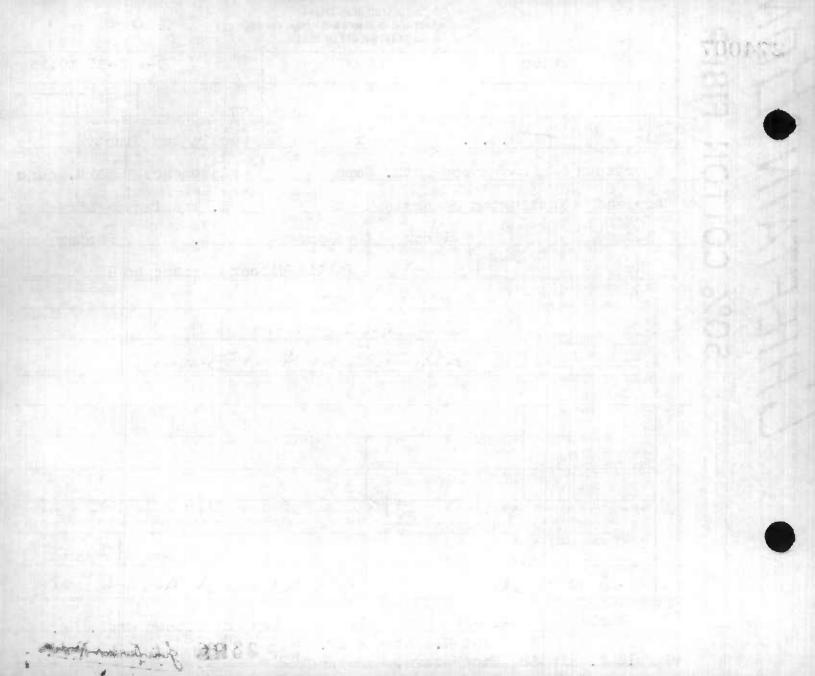
236 DATE

9-16-85

etery Hagerstown Wash Muse Date RECD. By REGISTRAR 25h REGISTRAR'S SIGNATURE SEP 23 850 Autobustus Cemetery

STATE

234 LOCATION CITY OR TOWN



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS

5	2	6	-

-1	REGIST	TRAR				CERTII	ICATE OF DEAT	"	REG. NO	D.				
1	I. DECEASED		FIRST	Jun	E DDI€	l.	AST		20 DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR		
Ì	[TYPE OR PRINT]		ce		/	4016	in soh	9		9 5	~ 85	9:12 M		
1	3 SEX			4 RACE		S. DATE C	OF BIRTH	- 6	AGE (IN YEARS LAST BIRT	HDAY)	IF UNDER I YEAR	IF UNDER 24 HRS		
1	fema1	e	198	white	e	June	00 1005	EAR	90	YRS	MONTHS DAYS	HOURS MIN		
1	To BIRTHPLAC	CE (STATE OF	FOREIGN	76 CITIZEN OF	WHAT COUN	VIRY? B				BALTIMORE CITY OR COUNTY OF DEATH				
1	Mary1	and		USA		WIDOWE	D NEVER MARRI		Washingt	on		MD.		
7	10 CITY OR TO	OWN OF DE	ATH			URSING HOME	OR OTHER INSTITUTION	ON	120 USUAL OCCUPATE	NC		OF BUSINESS OR		
	Hager			Washin	gton C	ounty Ho	spital		housewife	F WORKING L	IFE) INDUSTRY			
1	USUAL RESID	ENCE (IF NURS	136 COUN		13c CITY OF		13d. INSIDE CITY LIA	MITS?	13e STREET ADDRESS	ZIP COD	E	017/0		
4	Maryl		Wash	ington	Hager	stown	YES X NO		901 Wood	land	Way	21740		
1		FIRST		MIDDLE	LAS	57	15. MOTHER'S MAIL	MAN NAC	E MIDOLE		(4)	iST		
	Le	wis	H.		Wie	bel	Mati.	1da			Co	oxson		
1		EASED EVER		MED FORCES?	166 SOCIAL	SECURITY NO.	17 INFORMANT		ADDRE	SS				
1	No	- Grantonia,	(# 723 011	t was on Daires)	212-5	0-9132	1306 Pot	omac	Ave., Apt.	11 H	lagerst	own, Md.		
1	IS CAL	JSE OF DEAT	H (Enter an	ly ane cause per	line for (a), (bi, and ici					BETWEEN	XIMATE INTERVAL		
1	PAR	III, DEATH W		E CAUSE (a)	molia	e au	est				Loca	tout		
1				DUE TO, O	R AS A CON:	SEQUENCE OF					20	lays		
1		tions, if any		(ıb)_	Coryla	1:00 11	east 7	achi	ic.		note:	-		
1		rise to imi		DUE TO O	RASACON	SEQUENCE OF	4 .	,	1					
1	underl	ying cause	lost	Ic1_	acti		he flear	2	island.		41	ar		
1		OTHER SIGN	VIFICANT C	ONDITIONS CO	ONTRIBUTING	G TO DEATH BUT	NOT RELATED TO TH	HE TERMIN	NAL DISEASE OR CONT	OITION GI	VEN-IN BART 1	lage 1		
J	o Rig	eht to	worke 1	lote per	una	us !	nigery,	fund	intertiste .	acres	has not	wieseluse		
1	5 190 DÁT	E OF OPERA	TION	196 COND	ITION FOR W	VHICH OPERATIO	N WAS PERPORMED		200 AUTOPSY?		S, WERE FIND			
M	CERTIFICATION 190 DAT		71.7		1000				YES NO NO		ES [NO 🗆		
2		TRIBUTING	_	21b. TIME C	M. MONTH	H DAY YEAR	21c HOW INJURY	OCCURRE	D (ENTER NATURE OF INJUR	Y IN ITEM 18	PART OR PART 2}			
	S CIFEITH	ER NOTIFY MEDI		111	M.	19								
1	OR CON (IF EITH 21d IN)	URY OCCUR		21e PLACE		OFFICE FARM, ETC.)	21f LOCATION	DO .	CITY OR TO	WN	COUNTY	STATE		
1	WHILE AT WORK	NOT WE AT WO	RK	THE STATE OF THE S	THE TOWN, C	orrine ranam, etc.)	/			,	/			
1	220.1 ce	ertify that (1)	(this hospi	tal) ottended th	/ _		16/ 19.	85	to	157	19 85	that 11 (we)-last		
1	sav	the decease ave, (1) (we) (c	ed alive an	Trew the body	after death	19 5 , ar	nd that in (my) (our) (opinian de	eath accurred an the da	te and ha	ur and fram the	causes stated		
1	22b. SIC	NATURE		. /		1.0	DEGREE				22c. DATE	SIGNED		
		Ea	hery	of They	a sole	116	ATTENI PHYSK	CIAN D	MEDICAL STAF		9/5	155		
1	22d. PH	YSICIAN'S N.	AME (TYPE O	R PRINT)	/		22e ADDRESS							
1														
1	23a BURIAL, C	REMATION,	REMOVAL	23b. DATE		23¢ NAME OF C	EMETERY OR CREMA	ATORY	- 23d LOCATION					
	buria	1		Sept.9	,1985	Rest Ha	ven Cemet	ery	Hagerstow	n, Wa	ash., M	aryland		

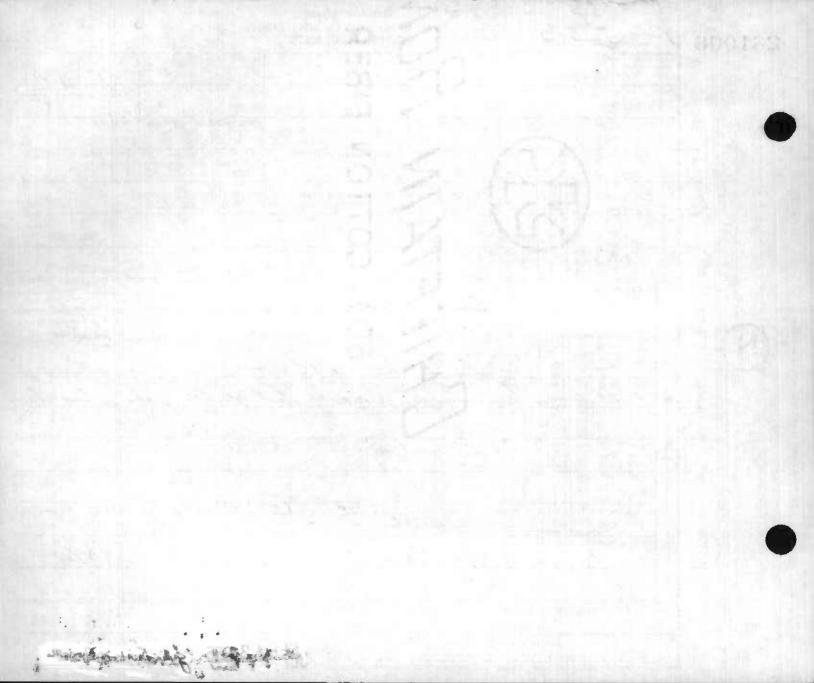
DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

24 FUNERAL DIRECTOR MINNICH FUNERAL HOME

Hagerstown, Wash., Maryland I TE DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

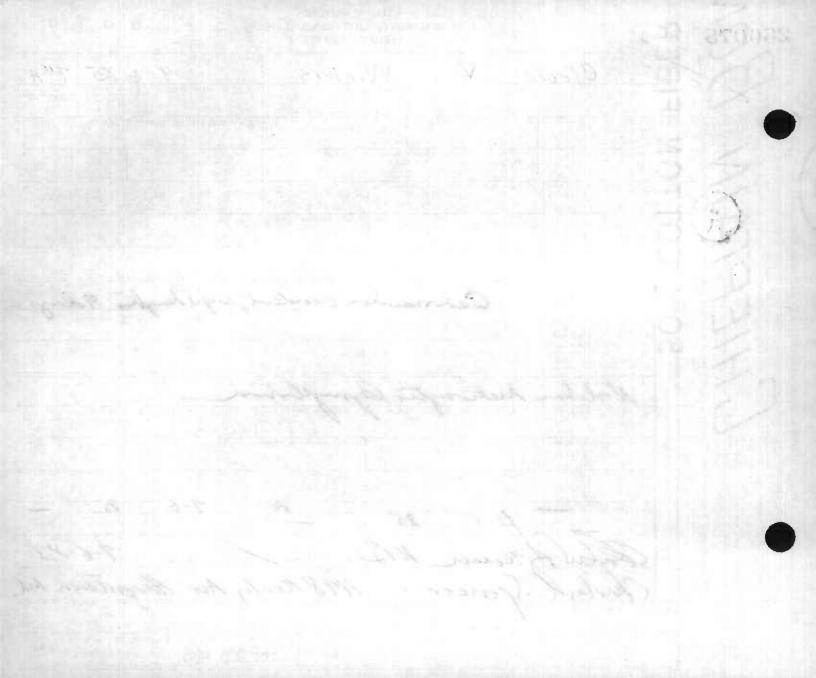
415 E. Wilson Blvd., Hagerstown, Md. 21740



415 E. Wilson Blvd., Hagerstown, Maryland 21740

STATE OF MARYLAND

DHMH - 16 60M 7/B4 (VRA 15, 4)



FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	- 275	5	63	hea
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,	O	0	2	5

	REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	10.		1 2 2	*
	CEASED NAME	FIRST		MIDDLE	· ·	AST	20. DATE OF DEATH	HINOM	DAY YEAR	26 HOUR	R
TYPE	Ge Ge	orge	Alb	ert	WOLFE		September	30,	1985		N
SEX			4. RACE		5. DATE C		6 AGE IN YEARS LAST BE	RTHDAY	MONTHS DAY		24 HRS MIN.
1	nale		white			ary 14, 1921	64	YRS		S HOURS	MIN.
	CHPLACE (STATE OR	FOREIGN	76 CITIZEN OF	WHAT COUNTR'	Y? 8	D NEVER MARRIED	9 BALTIMORE CITY	OR COUN	TY OF DEATH		
_	Maryland		USA		WIDOWE		Washing	zton			ME
10 C11	TY OR TOWN OF DEA	ATH		HOSPITAL, NURS		OR OTHER INSTITUTION	120 USUAL OCCUPAT	ION	LIFE) INDUSTR		
	Hagerstown			gton Cou		spital	accountant	t_	self	-emplo	oye
	IL RESIDENCE (# NURS	136 COUN		1134 CITY OR TO		13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS	/ ZIP CO	DE		
1	Maryland	Wash	ington	Hagerst	own	YES NO	1709 Catl			21	740
A FA	THER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME	0.00			
Ra	alph		S.	Wolfe	. Sr.	Laura	WIDDIE		Batem	nan	
16e V	AS DECEASED EVER			166. SOCIAL SE		17. INFORMANT	ADDR	ESS			
	Yes	W.W.	II	214-16-	-0797	Mary Wolfe,	Hagerstown	ı, Ma	ryland		
	18 CAUSE OF DEAT	H (Enter on	ly one couse per	line for (o), (b),	and ic-1				APPR/ BETWEE	OXIMATE INTER	VAL
	PART I. DE ATH W		D BY:	Reshive	ton 1	Failler					
		IMMEDIA	E CAUSE 10))						
111			DUE TO, O	RAS A CONSEG	UENCE OF	Elevaderna			13 77 1		
	Conditions, if any		(ıb)	oppu.	le 3	acroacoma			15		
	gove rise to ima		DUETO	R AS A CONSEC	LIENCE OF						
	underlying couse	lost	1502.0.0	WAS A CONSEC	7021102 01						
	DART 2 OTHER SIGN	NIE ICANIT (CONDITIONS	ONTRIBUTING T	O DEATH BUT	NOT RELATED TO THE TERM	AND DISEASE OF CON	IDITIONIC	CIVEN IN DART	Ne	_
N	Penal		elue.	Conges	7	11	èle	DITION	SIVEIN IN FART	110	
CERTIFICATION	190 DATE OF OPERA	TION	196 COND	ITION FOR WHIC	CH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF Y	YES, WERE FINE	DINGS USED)
FIC							Just worth		TIFYING CAUS	_	_
RT	210. ACCIDENT WAS UN	MANUAL F	1 216. TIME C	NE INTITION		Tal. How is they occur	YES NO A		YES	NO [
	OR CONTRIBUTING		1		DAY YEAR	21c HOW INJURY OCCUR	KED (ENTER NATURE OF IN)	JRY IN ITEM 1	8 PART I OR PART 2	2)	
CA	INFEITHER NOTHY MEDI			M.	19						
MEDICAL	21d INJURY OCCUR	RED	21e PLACE	OF INJURY	5 5 1 D 14 5 1 5 1	211 LOCATION	CITY OR TO	OWN	COUNTY	ST	TATE
2	AT WORK NOT WE	RK	TAI HOME SII	REET, PACTORY OFFIC	E FARM, EIC)						
	22a.1 certify that (1)		tal) attended th	e deceased from	7	- 23 10 EJ	to 9-	29	10 85	_, that (I) (w	ve) Ins
	sow the deceas	ed olive on	9 - 2	19	A parent	nd that in (my) (our) opinion	death accurred on the a	lote and h	iour and from th		
	obove, (I) (we) (did) (did no	t) view the body	ofter death.		DEGREE			122. DA	TE SIGNED	
	ali Re	7/			MS		MEDICAL STA	(FF	1.	1-85	
	228 PHYSICIAN'S N.	ME (TYPE C	R PRINT)			22e ADDRESS					
	Eci R	OZA				WASHING TON	COUNTY	HO.	SrITA	_	
	URIAL, CREMATION,	REMOVAL	23b. DATE	23	NAME OF C	EMETERY OR CREMATORY	23d LOCATION		r Our gr		7.475
1	burial		Oct.3,	1985 F	Rest Ha	ven Cemetery	Hagersto	vn, W	ash., M	faryla	nd
	INERAL DIRECTOR	MINNT					E REC'D. BY REGISTRAL				
	415 E. Wil			ADDRESS		n	CT 7 1000	338	a Davidson	and an	92
	TIN OU WII	SOIL D	TAG. D	agerstow	o DIT elli	21/40	1 5000	1000	and doubte fallights	0 .0.	-

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IMPORTANT: If them 21 is

TO FUNERAL DIRECTOR. After this certificate has been signed by the atter-should be detached for use as the burnal-transit permit. Then please remove a with the State Dept. of Health and Mental Hygiene prior to burial, cremation, morked or Hem 18 sh

TENDING PHYSICIAN The

264049

FOR - STATE

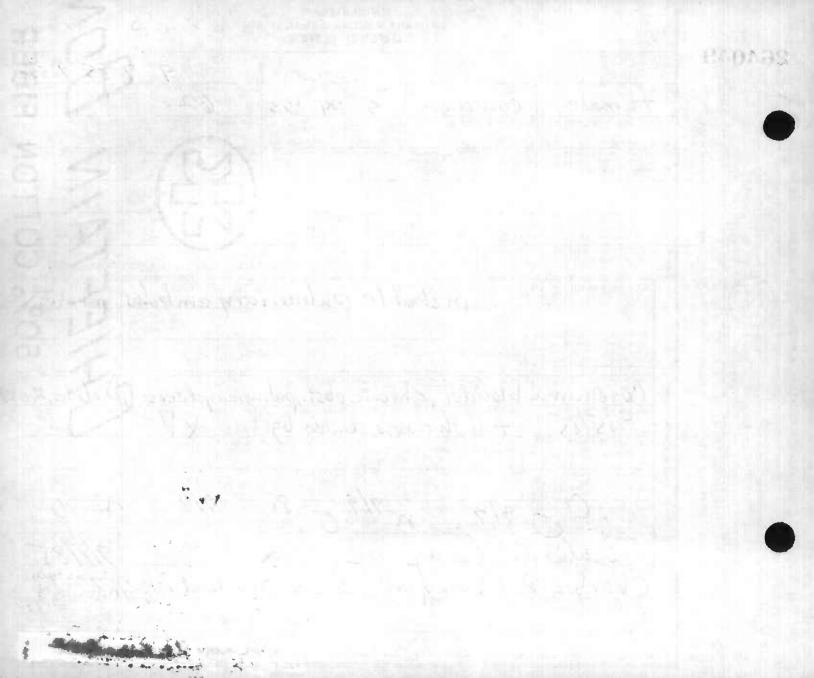
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENES
CERTIFICATE OF DEATH

	REGISTRAR			CERTIFICATE OF DEATH				REG. NO.					
		DECEASED NAME FIRST JAME			LAST			20 DATE OF DEATH MONTH DAY YEAR 26. HOUR					
		MARY T.		7.	YOUNGBLOOD			9	7	85	1%	55PM	
	3 SEX	×	4. RACE		5. DATE C	OF BIRTH		6 AGE (IN YEARS LAST BIRTHDAY	r) IF UN	NDER TYEAR	IF UNDER	R 24 HRS	
-		temale	Can	casian	MONTH 5	- 24	123	62	YRS MONT	HS DAYS	HOURS	MIN.	
	7a Bil	BIRTHPLACE (STATE OR FOREIGN COUNTRY) Taryland BIRTHPLACE (STATE OR FOREIGN USA) The CITIZEN OF WHAT COUNTRY USA			8 MARRIE	NEVED 44	ARRIED 🗍	9 BALTIMORE CITY OR COUNTY OF DEATH					
1					WIDOWE		ORCED [Washington MD.					
1	10 CT				SPITAL, NURSING HOME OR OTHER INSTITUTION CILITY, GIVE STREET ADDRESS)			128 USUAL OCCUPATION 128. KIND OF BUSINE				ESS OR	
	Ha	Hagerstown Washington Cou				pital		blocker					
100	USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GI			GIVE RESIDENCE BEFORE	IVE RESIDENCE BEFORE ADMISSION) 34. CITY OR TOWN 1134. INSIDE CITY LIMITS?			13e STREET ADDRESS 4 ZIP CODE Route 4, Resh Rd. Box 86					
>	Ma	ryland Was	hington	Hagersto	own		NO M	Route 4,	Resh	Rd. B	ox 8	36	
1	14. FATHER'S NAME FIRST MIDDLE			15 MOTHER'S MAIDEN N.									
6		William	Edw.	Sloan		Et	hel	Irene		Fo	1tz		
1		THE WOOD COMMISSION IN THE CONTRACTOR OF COMMISSION OF COM			URITY NO. 17 INFORMANT			ADDRESS		Nous		200	
	No	No (IP YES, GIVE WAR OR DATES) 219-12-				Howa	lagers	stown, Md.					
F		18 CAUSE OF DEATH (Enter only one couse per line for 10), (b) and (c)									APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
		PART I. DEATH WAS CAUS	ED BY: TE C AUSE (o)	Dropo	26/0	: Phi	mon	ary emb	olus	. 1	we		
3	11	DUE TO, OR AS A CONSEQUENCE OF										127	
		Conditions, if any, which ((b)											
		gove rise to immediate couse (a), stating the DUETO, OR AS A CONSEQUENCE OF										173	
		underlying couse lost.											
		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN									1- /	40 41	
	CERTIFICATION	Carcin ma bladder, Chronic obst. pulmonary disease,									ta,	Mellit	
0	CA	IN DA OF OPERALION	OPERATION WAS PERFORMED				CERTIFYING						
	RTIF	/13/13 tall thick				SKINIUS	1 69	YES NO	YES [NO [_	
		OR COLUMN THE CAUSE OF BEAUTIFUL HOUR A.M. MONTH				AY YEAR 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM : 8 PAR							
1	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER) P.M.			19								
	MED	21d. INJURY OCCURRED	21e PLACE	OF INJURY REET FACTORY, OFFICE, F	ARM, ETC)	21f LOCATION	1	CITY OR TOWN		COUNTY		STATE	
4		AT WORK AT WO				10	~	9/2		-			
		220.1 certify that (1) (this hospital) attacked the deceased from 19 33, to 19										(we) lost	
	sow the deceased alive on obove (1) (our) opinion death occurred on the date and hour and from obove (1) (our) (did) (did not view the body after death.												
		226 Signature Degree ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN D								The DATE	HONED		
										71818			
		22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	06	10	22e ADDRESS	0	Invala d A	In H	ager	rstu	uy,	
		Charles	K. CI	runiey 1	n.V.	362		leveland A	Nt. U	navi	1 an	ck	
	23a. B	urial Sept.11,1985 R				EMETERY OR CE		Hagerstown, Wash., Maryland					
	Du				est Ha	aven Cem							
	/4 FU	TUNERAL DIRECTOR MINNICH FUNERAL HOME 15 E. Wilson Blvd., Hagerstoppen, Md. 21740 SFP 1 2								-	100		
	41	DE. WITSON BI	vu., nag	erstown,	Mu.	21/40	SEP J	3 May 3646	STUDY ST	The same	all the same	14	

DHMH - 16 60M 7/84 (VRA 15, 4)

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STATE OF MARYLAND

TISOLOGIC SS. T436 S . T436 S MALE WHITE FEB. 15, 1500 of T Agrical Services ALTERNATION AND ADDRESS OF THE ADDRE PERMEYLVALIA V. ATLAVLYEVAS PATE DATE OF THE PATE OF THE PATE AND A PARTY AND A PA A GOVE LIAGO OFFICE ROTOFIERA, OFFICE STREET, CAMPAGE STREET Com well and the content of the cont SHOUTH THAT BOTT SELECT - S-THAT THE PRINTING THE PRINT WISEAST THE PRINTING THE PRIN THE PROPERTY OF THE PROPERTY O LIZE THE SET OF BULL IN SATHFORM AT CAHEST SEELY -ONE A HONE HONE HONE & HONE AND HONE ON A HONE ON VTURY THE STATE OF TELET A THE IS THE EXAMENT OF THE STREET OF THE STREET OF THE PROPERTY OF THE 2001AL ORT. 1,100 AE T ONVENTIERY CASEROTORS, LABORITORS, M. PARS E. WILLIAM SEVEL, CAGESTONN, LAWER D. 21740 UNIV. 23 CEST CONTRACTOR